FILE FOLDER

DESCRIPTION ON TAB:

FY 85 Training

(Oct 84 - Sep 85)

☑ **Outside/inside of actual folder did not contain hand written information**

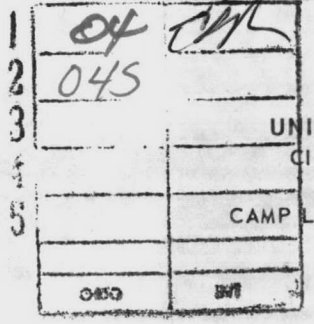
☐ **Outside/inside of actual folder did contain hand written information**
***Scanned as next image**

Confidential Records Management, Inc.
New Bern, NC
1-888-622-4425
9/08

FY 85 TRAINING

NAME	TYPE	COURSE	DATES	LOCATION	PWD TRNG MONIES	ENERGY MONIES	HDQTRS MONIES	OTHER	TDY
PHILLIPS	TRNG	WANG "Glossary"	14-15Oct84	Raleigh, NC	$ 245.00				
PHILLIPS	TDY	LANTDIV	9Jan85	Norfolk, VA					$ 154.00
FITCH	ENERGY MONIES	Energy Monitoring Systms	11-15Mar85	Madison, WI		$1,300.00			
FITCH	TRNG	Design Contract Mgmt	15-16Apr85	Norfolk, VA	350.00				
FITCH	TDY	LANTDIV	14-15Apr	Norfolk, VA					$ 160.00
WERNER	TRNG	Pump & Valve Selection	19-24Feb85	Madison, WI	$1,365.00				
WERNER	TRNG	Boiler Plant Design	28-30Jan85	Madison, WI	$1,190.00				
WERNER	ENERGY MONIES	Air Cond. Design	22-26Jul85	Madison, WI		$1,740.00			
WERNER	TRNG	Prep for EIT	Course	Camp Lejeune, NC	$ 120.00				
HANKINS	ENERGY MONIES	Fundamentals of Energy Auditing	25-28Mar85	Madison, WI		$1,330.00			
HANKINS	ADD'L TRNG	Leaking Underground Stg Tanks	16-20Sep85	Madison, WI	$ 935.00				
MURRELL	HDQTRS TRNG	Air Conditioning Design	15-19Apr85	Madison, WI			$1,720.50		
MURRELL	ENERGY MONIES	Design & Application	10-12Jun85	Skokie, ILL		$ 665.00			
MURRELL	TRNG	Prep for EIT	Group	Camp Lejeune, NC	$ 120.00				
YOUNG	TRNG	Advanced Coordination	15-19Oct84	Dallas, TX	$1,651.00				
YOUNG	ENERGY MONIES	Electronic Energy Conservation Class	25Feb85	Raleigh, NC		225.00			
BAKER	ENVIRONMENTAL	Low-Cost Shore Protection	26-27Mar85	Madison, WI				$ 900.00 (Environmnt)	
ASHTON	TRNG	Prep for EIT	Group	Camp Lejeune, NC	$ 120.00				
BRANT	TRNG	Economic Analysis	13-17May85	Port Hueneme, CA	$ 970.00				
BRANT	TRNG	Shore Fac Planning	16-20Sep85						
BRANT	TDY	Value Eng Conference	22May85	LANTDIV	$1,100.00				$ 117.00
JONES	TDY	Value Eng Conference	22May85	LANTDIV					$ 37.50
ESTES	TDY	Fac Conference	9-14Jun85	Arlington, VA					467.60
				TOTAL	$8,166.00	$5,260.00	$1,720.50	$ 900.00	$ 936.10

TOTAL $16,982.60



UNITED STATES MARINE CORPS
CIVILIAN PERSONNEL DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO
12410
CPD
24 Oct 84

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

Subj: FY 85 CIVILIAN TRAINING

Ref: (a) CG MCB CLNC ltr 12410 COMP 7 Jun 84

1539

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

1. Enclosure (1) identifies funded training for FY85 as approved by the Commanding General.

2. 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.

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

HOSEA HORNE, JR.

Distribution:
AC/S, COMP
AC/S, FAC
AC/S, MANP
AC/S, LOG
AC/S, TRNG (TAVSC)
AC/S, SSVCS
SJA
RASC
CPD
CEO
DFH
EDO
FSC
FIRE
MAIN
MAD
NREA
PWO
SAFD

26 OCT 1984
RECEIVED

FY 1985 CIVILIAN TRAINING
PUBLIC WORKS

COURSE TITLE AND LOCATION	DIRECT COST	INDIRECT COST	TOTAL
Funded Training			
A&E Contracting Huntsville, AL	$ 400	$ 473	$ 873
Introduction to Heat Transfer and Thermodynamics LaCross, WI	500	868	1368
Shore Facilities Planning System, CECOS, East Coast	-	650	650
Advanced Coordination Dallas, TX	850	834	1684
Boiler Plant Design and Alteration Madison, WI	450	734	1184
Word Processing-Clerical Orientation Atlanta, GA	120	360	480
Economic Analysis CECOS, East Coast	-	650	650
Total	$2320	$4569	$6889
Unfunded Training			
A&E Contracting Huntsville, AL	$ 400	$ 472	$ 872
Asphalt Rehabilitation College Park, MD	395	361	756
Special projects Seminar CECOS, EAst Coast	-	300	300
Computer Aided Cost Estimating Madison, WI	475	406	881
Asphalt Rehabilitation College Park, MD	395	361	756

ENCLOSURE (1)

FY 1985 CIVILIAN TRAINING
PUBLIC WORKS (cont'd)

COURSE TITLE AND LOCATION	DIRECT COST	INDIRECT COST	TOTAL
Unfunded Training			
Construction Contracts and Specifications Madison, WI	$ 250	$ 734	$ 984
Air Installations Compatible Use Zones Seminar CECOS, East Coast	-	300	300
Cost Analysis and Estimate Techniques Atlanta, GA	180	423	603
Boiler Plant Design and Alteration Madison, WI	450	734	1184
Civil Engineer Spec Writing Madison, WI	250	734	984
Total	$2795	$4825	$7620

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)

(ILIAN EMP( ) TRAINING REQUEST

Employee Name Jim Fitch Grade GS-12 Organization Public Works Division

Course Title A&E Contracting TIMAECPN

Length of Course 4 days Location Huntsville, ALA or Washington, DC

Employees Last Official Performance Rating Satisfactory

COST: Registration $ 400.00 Per Diem $ 375.00 Travel $ 98.00 Total $ 873.00

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 to implement programs directed 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 provide greater knowledge of and improve techniques for handling A/E contracts.

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?

We will not gain any more insight/technique from a fresh source towards the difficult problem of dealing with A/E 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.

E. L. ROUSE
Immediate Supervisor

C. A. JOHANNESMEYER
2d Level Supervisor

Department Head

OPNAV 5216/144 (REV. 6-70)
S/N 0107-LF-778-8099

DEPARTMENT OF THE NAVY

Memorandum

DATE: 11 October 1984

FROM: James H. Fitch, P.E., General Engineer, Public Works Division

TO: Civilian Personnel Division (Attn: Training Branch)

SUBJ: DATA ON SCHEDULED OFF-BASE TRAINING FOR J. H. FITCH

1. U. S. Army Engineer District - Huntsville Course TIMAECPN was submitted for me as a priority two training need. I have talked with the Huntsville training people who told me that I should submit a DD 1556 for each location I desired to be waitlisted for. Per my later conversation with you, I am conveying the data Huntsville gave me.

2. Location and dates within reasonable travel distance:

Feb. 25-28	Washington, D.C.
Mar. 18-21	Cincinnati, Ohio
Apr. 15-18	Atlanta, Georgia

3. Present tuition is $215.00.

4. Personnel who got ahead of Marine Corps Personnel on the waitlist are Corps of Engineers personnel and other U. S. Army personnel. Mr. Hankins and I have been waitlisted before and have not been selected to attend. Waitlisting for all three locations was recommended by the Huntsville office.

James H. Fitch

J. H. FITCH, P.E.

Copy to:
045

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Richard Keith Werner Grade GS-11 Organization Public Works Division

Course Title Introduction to Heat Transfer and Thermodynamics

Length of Course 5 days Location La-Cross, Wisconsin -- TRANE COMPANY

Employees Last Official Performance Rating Highly Satisfactory

COST: Registration $ 500.00 Per Diem $ 406.00 Travel $ 462.00 Total $ 1,368.00

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
- [X] Training needed to correct serious performance deficiencies
- [ ] Training required to implement programs directed 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.
Requirements for employee's degree had limited, formal schooling in thermodynamics. Since about 75% of his present job requires a good background in thermodynamics, he needs this course to increase his efficiency and productivit

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?

Impact of non-training will force the employee to proceed with his work at his present level of knowledge in thermodynamics.

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.

Thomas H. Hankins Jr.
THOMAS H. HANKINS, JR.
Immediate Supervisor

E. L. ROUSE
2d Level Supervisor

Department Head

He is about a four level to 71

ILIAN EMP[illegible] TRAINING REQUEST

Employee Na: Larry Brant Grade GS-9 Organization Public Works Divisio

Course Title Shore Facilities Planning System* 18 Mar -22 Mar 85

Length of Course 5 days Location CECOS EAST COAST

Employees Last Official Performance Rating

COST: Registration $ 0 Per Diem $ 450.00 Travel $ 200.00 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 to implement programs directed by law, regulation, or higher authority
- [ ] Training required for operation/maintenance of new equipment
- [X] Training required for employees enrolled in a recognized formal training program

Not a training JP

[ ] 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 (Employee is replacing Barbara Stanley.)

3. How many of your employees have already received this or similar training? 2

4. What will be the impact on the organization or employee if this training is not received?
Employee will be penalized in doing the job for which he was hired.

*Runs concurrent with course "Ecomonic analysis."

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 — Immediate Supervisor

E. L. ROUSE — 2d Level Supervisor

Department Head

(ILIAN EMP[illegible] TRAINING REQUEST

Employee Name Andrew Young Grade GS-11 Organization Public Works Divisio

Course Title Advanced Coordination

Length of Course 5 days Location Dallas, Texas - Oct 15-19, 1984

Employees Last Official Performance Rating Highly Satisfactory

COST: Registration $ 850.00 Per Diem $ 450.00 Travel $ 384.00 Total $ 1,684.00

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
- [X] Training needed to correct serious performance deficiencies
- [ ] Training required to implement programs directed by law, regulation, or higher authority
- [X] 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.

This training is needed for the design of electrical distribution systems. The employee has completed the first part of this course, Coordination. He now needs the advanced course.

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?

It will have an adverse impact on the electrical distributions systems and studies.

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.

L. G. NORRIS
Immediate Supervisor

E. L. ROUSE
2d Level Supervisor

Department Head

(ILIAN EMP[illegible] TRAINING REQUEST

Employee Name Richard Keith Werner Grade GS-11 Organization Public Works Division

Course Title Boiler Plant Design and Alteration # 404

Length of Course 3 days Location University of Wisconsin, Madison, WI

Employees Last Official Performance Rating Highly Satisfactory

COST: Registration $ 450.00 Per Diem $271.50 Travel $ 462.00 Total $ 1,183.50

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:

- [X] Training Needed to ensure attainment of performance objectives
- [X] Training needed to correct serious performance deficiencies
- [ ] Training required to implement programs directed 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.
The employee's present position requires that he has a complete knowledge of boiler plant design and alterations. This course will upgrade the employee's knowledge in the subject so that he may better design or review others' designs.

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?
The employee will not have formal training in the latest state of the art in boiler plant design.

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.

Thomas H. Hankins Jr. — THOMAS H. HANKINS, JR.
Immediate Supervisor

E. L. ROUSE
2d Level Supervisor

Department Head

(ILIAN EMPL . TRAINING REQUEST

Employee Name Lynn Phillips Grade GS-4/5 Organization Public Works Div.

Course Title Word Processing - Clerical Orientation

Length of Course 2 days Location Atlanta, GA

Employees Last Official Performance Rating Outstanding

COST: Registration $120.00 Per Diem $200.00 Travel $160.00 Total $480.00

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
- [X] Training needed to correct serious performance deficiencies
- [ ] Training required to implement programs directed by law, regulation, or higher authority
- [X] 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.
This course would provide a general overview of word processing, its features, and benefits, some ideas of unique features which can be incorporated.

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 chance of staying even with the state-of-the-art, which is racing forward.

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 PE — Immediate Supervisor

E. L. ROUSE — 2d Level Supervisor

Department Head

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Larry Brant Grade GS-9 Organization Public Works Divisio

Course Title Economic Analysis* 25 Mar - 29 Mar 85

Length of Course 5 days Location CECOS EAST COAST

Employees Last Official Performance Rating

COST: Registration $ 0 Per Diem $ 450.00 Travel $ 200.00 Total $ 650.00(estimated)

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 to implement programs directed by law, regulation, or higher authority
- [ ] Training required for operation/maintenance of new equipment
- [X] Training required for employees enrolled in a recognized formal training program

Met & Waived SP

[ ] 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. (Employee replacing Barbara Stanley.)

3. How many of your employees have already received this or similar training? 1

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

Employee will be penalized in doing the job for which he was hired.
*Runs concurrent with course "Shore Facilities Planning 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.

EUGENE JONES
Immediate Supervisor

E. L. ROUSE
2d Level Supervisor

Department Head

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
JONES, Jr., Eugene G.	GS-12	241-30-3484

CHECK MAILING ADDRESS (Include ZIP Code): 1109 Park Dr., Box 2572, New Bern, NC

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): 005725 dtd 21May85, 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)

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

TDY

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
22May	DEP	0655	Residence, New Bern							
22May	ARR	1110	Naval Air Station		TD					
22May	DEP	1700	Norfolk, VA							
22May	ARR	2115	Residence		MC					
	DEP		New Bern							
	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: EUGENE G. JONES, JR.

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:1983-0-609-634/162

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			
5/22		6.20	10.90	14.55			

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, EUGENE G. JONES JR 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: Eugene G. Jones Jr.

DATE: 23 May 1985

DD FORM 1 JAN 78 1351-3 S/N 0102-LF-013-3300

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: 21 May 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: JONES, Jr., Eugene G. SS# 241-30-3484

3. POSITION TITLE AND GRADE OR RATING: Engineering Technician, GS-12

4. OFFICIAL STATION: Marine Corps Base
Camp Lejeune, NC 28542

5. ORGANIZATIONAL ELEMENT: Public Works Division

6. PHONE NO.: 1833

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend Value Engineering Conference on MCON P-806, LAV Bn, Combat Vehicle Maintenance Facilities

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 1

b. PROCEED O/A *(Date)*: 22 May 1985

11. ITINERARY ☐ VARIATION AUTHORIZED

From New Bern, NC to Naval Air Station, 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: -0- Passenger of William Brant

☐ 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	15. ADVANCE AUTHORIZED
$ 37.50	$ ———	$ ———	$37.50	$ -0-

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.

Will be passenger of William L. Brant, no reimbursement for travel authorized.
MCBUL 12270 (Estimated cost Information for TDY) is required to be submitted upon liquidation of these orders.
Items 3 and 7 of the attached Statement of Instrfictions apply to these orders.

17. REQUESTING OFFICIAL *(Title and signature)*

E. L. ROUSE
Public Works Officer, Acting

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
1751106.2720	000	67001	0	067001	2D	XXXXXXX 0000000 005725	AM5 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: 21 May 85

22. TRAVEL ORDER NUMBER: 005725

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN 1971

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. 005725

FOR Eugene Jones SSN: 241-30-3484

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. X No reimbursement for travel is authorized as ~~you~~ will be a passenger in the privately owned conveyance of (Mr.) Ms. William Brand .

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. ___ 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. X 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.

★ U. S. GOVERNMENT PRINTING OFFICE: 1979-604-670

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: 21 May 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: JONES, Jr., Eugene G. SS# 241-30-3484

3. POSITION TITLE AND GRADE OR RATING: Engineering Technician, GS-12

4. OFFICIAL STATION: Marine Corps Base
Camp Lejeune, NC 28542

5. ORGANIZATIONAL ELEMENT: Public Works Division

6. PHONE NO.: 1833

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend Value Engineering Conference on MCON P-806, LAV Bn, Combat Vehicle Maintenance Facilities

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 1

b. PROCEED O/A *(Date)*: 22 May 1985

11. ITINERARY ☐ VARIATION AUTHORIZED

From New Bern, NC to Naval Air Station, 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: -0- Passenger of William Brant

☐ 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
$ 37.50	$	$	$37.50	$ -0-

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.

Will be passenger of William L. Brant, no reimbursement for travel authorized.

17. REQUESTING OFFICIAL *(Title and signature)*: E. L. ROUSE
Public Works Officer, Acting

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
1751106.2720	000	67001	0	067001	2D	000000	AM5 10 0205 5D12E

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION

21. DATE ISSUED

22. TRAVEL ORDER NUMBER

FY85 Group - Werner - Ashton - Murrell 360.00

PHILLIPS - TRNG WANG "Glossary", 14-15 Oct 84, Raleigh, NC 245.00

WERNER - TRNG PUMP & VALVE SELECTION, 19-24Feb85, Milwaukee, WI 1365.00

WERNER - TRNG BOILER PLANT DESIGN & ALTERATION, 28-30Jan85, Milwaukee, WI 1190.00

YOUNG - TRNG ADVANCED COORDINATION, 15-19Oct84, Dallas, TX 1651.00

~~FITCH - TRNG DESIGN CONTRACT MGMT, 16-18Apr85, Norfolk, VA~~

~~BRANT - TRNG SHORE FACILITIES PLANNING 18-22Mar85, Pensacola, FL~~

~~BRANT - TRNG ECONOMIC ANALYSIS 25-29Mar85, Pensacola, FL~~

YOUNG - SPECIAL ENERGY FUNDS - Electronic Energy Conservation Class, Raleigh, NC 225.00
25 Feb 85

FITCH - SPECIAL ENERGY FUNDS - EM 3 - Building Energy Systems, Madison, WI 1300.00
11-15 Mar 85

HANKINS - SPECIAL ENERGY FUNDS - Fundamentals of Energy Auditing, Course 5440 1330.00
25-28Mar85, Madison, WI

~~MURRELL - SPECIAL ENERGY FUNDS - Design and Application Seminar, Morton Grove, ILL~~
~~20-22May85~~

~~WERNER - SPECIAL ENERGY FUNDS - Air Conditioning Design-Industrial Facilities~~ 1400.00
~~22-26 July 85, Madison, WI~~

BAKER - SPECIAL ENVIRONMENTAL FUNDS - Low-Cost Shore Protection 900.00
26-27Mar85 - Madison, WI

MURRELL - HDQTRS TRNG MONIES - AIR CONDITIONING DESIGN SYSTEMS, 15-19Apr85 1720.50
Madison, WI

FITCH - TDY - 14, 15 Apr - To visit the Specifications Branch, LANTDIV to study their specification operations, Norfolk, VA 160.00
TRNG 15, 16 Apr - To attend Design Contract Management, Virginia Beach, VA 350.00

ESTES - TDY - 9-14 June 1985 - To attend FY 1985 Facilities Conference, Sheraton National Hotel, Arlington, VA ~~600.00~~ 467.60

Murrell - SPECIAL ENERGY FUNDS - Design and Application Seminar, Skokie, Ill 665.00
10-12 Jun 1985

WERNER - SPECIAL ENERGY MONEY - Air Conditioning Design-Industrial Facilities 1740.00
Madison, WI 22-26 July 1985

BRANT, Larry - Economic Analysis training, Port Hueneme, CA 13-17 May 1985 970.00
TRNG MONEY

BRANT - Larry - TDY - 22May85 - To attend Value Engineering Conference on MCON P-806, 117.00
LAV Bn, Combat Vehicle Maintenance Facilities

JONES, - TDY - 22 May 85 (Same as above with Larry Brant) 37.50

HANKINS, (Eris got additional money from Linda and COMP) - 17-18Jul85 935.00
Leaking Underground Storage Tanks - Madison, WI

BRANT - TRNG - Shore Facilities Planning - Port Humene, CA 16-20Sep85

Phillips - TDY 154.00

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 Jing Money + TDY

LAST NAME, FIRST NAME, MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
FITCH, James H., Jr.	GS-12	223-52-9111

CHECK MAILING ADDRESS (Include ZIP Code): 3000 Country Club Rd, Jacksonville, NC

DUTY PHONE NO.: 5507

ORGANIZATION AND STATION: Public Works Division, MCB, Camp Lejeune, NC

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 003625, MCB, CLNC dtd 1 Apr 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): $280.00 #M-5091 850409, 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
	DEP								
16Apr	ARR	0001	*Motel, VA Beach		TD				
19Apr	DEP	1021		PA					
19Apr	ARR	1543	Residence, near		HC				
	DEP		Piney Green Rd						
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR		*In-place change from						
	DEP		TO # 003715 dtd 4 Apr 85						
	ARR								

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
12Apr	Travelers Checks	$2.00	
19Apr	One way mileage fr VA Beach to Home (240 miles)	49.20	

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: JAMES H. FITCH, JR.

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. GOVERNMENT PRINTING OFFICE: 1979—605-125 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			
16Apr	32.35	7.18	7.74	14.33	3.20	1.03	
17Apr	32.35	7.17	17.75			2.05	
18Apr	32.35	5.03	9.34	14.88	16.27	1.31	
19Apr		7.78	16.80				

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, 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 | DATE

ROOM 207 | FITCH | 29.95 RATE | 32973 FOLIO NO.

NO. PARTY 1

OUT DATE 4/20 | DESIGN MANAGEMENT | FROM

ARRIV. 4/14 | TO

BALANCE FORWARD

207 1 2995 0 FITC

APR 14	PREV BAL	.00
218014	ROOM 207-1	.00
APR 14	PREV BAL	.00
APR 14	ROOM CHG 29.95	
APR 14	TAX 8% 2.40	
318037	ROOM 207-1	32.35
APR 15	PREV BAL	32.35
#.	951	
APR 15	CHECK 32.33-	
218094	ROOM 207-1	.02
APR 15	PREV BAL	.02
APR 15	ROOM CHG 29.95	
APR 15	TAX 8% 2.40	
318146	ROOM 207-1	32.37
APR 16	PREV BAL	32.37
#.	947	
APR 16	CHECK 129.42-	
118201	ROOM 207-1	97.05-
APR 16	PREV BAL	97.05-
APR 16	ROOM CHG 29.95	
APR 16	TAX 8% 2.40	
318233	ROOM 207-1	64.70-
APR 17	PREV BAL	64.70-
APR 17	ROOM CHG 29.95	
APR 17	TAX 8% 2.40	
318337	ROOM 207-1	32.35-
APR 18	PREV BAL	32.35-
APR 18	ROOM CHG 29.95	
------SEE FOLIO NUM 032275------		

T.O. 003715

T.O. 003625

These orders

(orig. receipt attached with # 003715

Ocean Island Motel

"Right on the Beach Where the Ocean Meets the Bay"

AT

LYNNHAVEN INLET

3174 PAGE AVENUE

VIRGINIA BEACH, VIRGINIA 23451

JUST CALL

1-(804)-481-7000

ROOM 207 | Fitch | 29.95 RATE | 32275 FOLIO NO

NO. PARTY 1

OUT DATE 4/20 | FROM

ARRIV. 4/14 | TO

BALANCE FORWARD

207 1 2995 0 FITC

------SEE FOLIO NUM 032973------		
APR 18	TAX 8% 2.40	
318479	ROOM 207-1	.00
APR 19	PREV BAL	.00
118548	ROOM 207-1	.00
--------CHECKOUT-10:21AM--------		

Ocean Island Motel

"Right on the Beach Where the Ocean Meets the Bay"

AT

LYNNHAVEN INLET

3174 PAGE AVENUE

VIRGINIA BEACH, VIRGINIA 23451

JUST CALL

1-(804)-481-7000

5

Acft Comptr ie Adm

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 Mar 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*	3. POSITION TITLE AND GRADE OR RATING
Fitch, James 223-52-9111	General 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 Design Contract Management, Virginia Beach, VA 16-18 Apr 85

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*	b. PROCEED O/A *(Date)*
3 3/4	15 Apr 85

MCAS, CHERRY POINT, NC 28542

DATE 3 Apr 85

~~ADVANCE~~ LIQUIDATION

Mileage 220.00
Per Diem
Dep Tvl
Self Move
Less Adv TA
Total 220.00
DOV MSgr

11. ITINERARY ☐ VARIATION AUTHORIZED

From Norfolk, VA to Virginia Beach, VA and return to Camp Lejeune, 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

D. R. RUCH

☐ 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	
$ 281.25	$ 46.13	$ 20.00(reg fee)	$ 347.38	$ 280.00

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 and 6 of the attached Statement of Instructions apply to these orders.

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
	1751106.2720	000	67001	0	067001	2D	003625	AA5 10 0476 3D22E
	*1751106.2720	000	67001	0	067001	2D	003625	AA5 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 1 Apr 85

22. TRAVEL ORDER NUMBER 003625

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

ESTIMATED COST INFORMATION FOR TDY

Itinerary for James Fitch Organization PWO Ext. 2213

From Norfolk, VA To Virginia Beach, NC and return to Camp Lejeune

Dates of Travel 15 and 19 Apr 85 Dates of Training 16-18 Apr 85

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
225 miles from Norfolk, VA to VA Beach, VA and return to Camp Lejeune, NC @$.205 = $46.13	$46.13

(Mr. Fitch will be in Norfolk on TAD and will go from there to VA Beach for Training)

Per Diem Estimate		Total Estimated Cost	
16-18 April	$225.00	Per Diem	$281.25
3/4 day 19 Apr	56.25	Travel	46.13
		Limousine Fees	--
	$281.25	Registration Fees	20.00(in advance)
		TOTAL	$347.38

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 280.00 (includes registration fee)

☐ 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_.

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER: M.5091

D.O. VOUCHER NO.:

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*		6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*	X	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

670-01
SYM 5190
MCB CLNC
850409

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
FITCH J.	CIV	223 52 9111

4. ORGANIZATION AND STATION: PUB WORKS

5. TRAVEL ORDER: TON 003625

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

PAID ADV AUTHORIZED 280.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	850408	$280.00		

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 MAJ	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
1751106.2720	000	67000/0	067001	1B	003625	5100476 3022B	$280.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
KJP				$280.00

☆ 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
FITCH	GS-12	223-52-9111

CHECK MAILING ADDRESS (Include ZIP Code): 3000 Country Club Rd, Jacksonville — DUTY PHONE NO.: 5507/2213

ORGANIZATION AND STATION: PWD

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 003625

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

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

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
	DEP								
4/16	ARR	0001	* Va. Beach Va motel						
4/19	DEP	1021		PA					
4/19	ARR	1543	Residence Nr. Piney Green Rd						
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR	* IN PLACE CHANGE							
	DEP	FROM T.O. 003715							
	ARR								

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
4/12	Travelers checks	$ 2.00	
4/16-4/18	Local Travel - Medical on DD 1351-1 / site		
4/19	OW MI by my auto 240 @ 20.5 = 49.20		

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

Z80110

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.GPO:1983-0-609-634/162

JS 028

Travel Orders # 003625 **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			
April 16	32.35	7.18	7.74	14.33	3.20	5 mi = 1.03	
17	32.35	7.17	17.75	—		10 mi = 2.05	
18	32.35	5.03	9.34	14.88	16.27	8 mi = 1.31	
19	—	7.78	16.80	—			

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

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. TAD

PAID BY

LAST NAME - FIRST NAME - MIDDLE INITIAL *(Print/Type)*	GRADE/RANK	SSN
FITCH, James H., Jr.	GS-12	223-52-9111

CHECK MAILING ADDRESS *(Include ZIP Code)*: 3000 Country Club Rd, Jacksonville, NC

DUTY PHONE NO: 2213/5507

ORGANIZATION AND STATION: Public Works Division, MCB, Camp Lejeune, NC

TRAVEL ORDERS *(Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)*: 003715, MCB, CLNC dtd 4 Apr 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)*: $125.00, #M-5090 850408, 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
14Apr	DEP	1100	Residence,*	PA						
14Apr	ARR	1921	Motel, VA Beach		TD					
15Apr	DEP	1200	**	PA						
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									
	DEP									
	ARR		*near Piney Green Rd							
	DEP		**In-place change to TO #003625 dtd 1 Apr 85							
	ARR									

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
12Apr	Travelers Checks	2.00	
14Apr	One way mileage to VA Beach, VA (230 miles)	47.15	
TOTAL			

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

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 →

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 19 85	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
14 Apr	32.37		8.43	19.89			4.98
15 Apr	32.37	7.21	4.89	17.20	11.08	4.31	

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, JR. 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

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 Mar 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: FITCH, James H., Jr.

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 Division

6. PHONE NO.: 5507

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To visit the Specifications Branch, LANTDIV to study their specification operations

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 1 1/2

b. PROCEED O/A *(Date)*: 14 Apr 85

Norfolk, VA 15 Apr 85

11. ITINERARY ☐ VARIATION AUTHORIZED

From Jacksonville, NC to LANTNAVFACENGCOM, Norfolk, VA

Proceed on 15 April to Virginia Beach, VA to attend Contract Design Administration Training Course (under separate travel order for this)

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	$43.46	$ ~~XXX~~	$ 155.96	$ 125.00

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 2 and 6 of the attached Statement of Instructions apply to this travel order.

17. REQUESTING OFFICIAL *(Title and signature)*: C. A. JOHANNESMEYER, CDR, CEC, USN, Public Works Officer

18. APPROVING OFFICIAL *(Title and signature)*: A. K. MAREADY, Head, FA-10, Command

AUTHORIZATION

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	~~XXXXXX~~ 003715	AM5 10 0205 1D12E

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 Apr 85

22. TRAVEL ORDER NUMBER: 003715

DD FORM JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN 1971

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		223-52-9111

CHECK MAILING ADDRESS (Include ZIP Code): 3000 Country Club Rd, Jacksonville

DUTY PHONE NO.: 2213/5507

ORGANIZATION AND STATION:

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 003715

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

10. FOR DO USE ONLY

DO VOUCHER NO.:

SUBVOUCHER NO.:

PAID BY

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
4/14	DEP	~~1900~~ 1800	Residence Riney Gi Rd	PA					
4/14	ARR	1921	Motel						
4/15	DEP	~~0845~~ 1200	Va. Beach Va *						
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP	* in	place change						
	ARR	to T.O. 02C35							

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
4/12	Travelers Checks	2.00	
4/14	OW mi by my auto. @ 2.20@20¢	47.15	
4/15	Local Travel - Meals/site on DD1351-3		

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

191.88

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 order # 003715 **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			
April 14	32.37	—	8.43	19.89			4.98
April 15	32.37	7.21	4.89	17.20	11.08	21 mi = 4.31	4.98

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

From: Public Works Officer, Marine Corps Base, Camp Lejeune

To: Civilian Personnel Officer (ATTN: Training Division)

Subj: Travel Orders for JAMES H. FITCH, JR.
Address 3000 Country Club Road
Jacksonville, NC

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 "Design Contract Management" Course

Government Sponsored: [X] Yes [ ] No

*Mode of Transportation Preference: POV

Location of Training Site: Ocean Island Motel, Virginia Beach, Va.

Type of Quarters: BOQ [ ] Available [X] Not Available
Commercial X

Date and Time Training Begins: 0800, 16Apr85

Date and Time Training Ends: 18Apr85

Registration Fee or Tuition Involved: ~~Yes~~XXX/No Amount _____

Employee is [X] Exempt or [ ] Nonexempt under the Fair Labor Standards Act.

E. L. ROUSE, 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 ~~XXXXXX~~ (will not) operate a Government owned vehicle for the purpose of performing travel required by temporary duty.

JAMES H. FITCH, 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 (Organizational Identifier) | 85 (FY) | TG (Doc. type code) | 00127 (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.)*: Fitch, 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 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)*: [X] 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: General Engineer

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS | 801 | 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:
Naval Facilities Engineering Command
Atlantic Division Code 04A
Norfolk, VA 23511

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

16a. Training Type/Subject Area Identifier: 33000

b. Course title or training services: Design Contract Management

c. Dispute code

17a. Catalog/Course No.

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

b. Offering — a. Start: 85 | 04 | 16 — b. Complete: 85 | 04 | 18

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)*: a. Purpose: Code 4 | 08 c. Source: Code C | 10 — b. Type | 09 d. Special Interest: Code B | 11

20. PART II – *(See instructions)*: a. Training Facility/Vendor Unit Identification Code (UIC): 62470 — b. Security Clearance | c. Allocation Status — d. Training credits | Continuing education units | Other *(college, etc.)* — e. Priority: 1 | 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

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.: AV 484-1539

Signature — Date: 29 Jan85

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: AV 484-1539

Signature — [X] Approved — [ ] Disapproved — Date: 29Jan85

Section F – CERTIFICATION OF TRAINING COMPLETION

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

a. Actual completion date: Year | Month | Day — b. Grade

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)* — Date
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 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, material 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
12410
CPD
11 Mar 85

From: Employee Development Superintendent
To: PWO

Subj: TRAVEL ORDER INFORMATION: REQUEST FOR

Ref: (a) BO 12270.1

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 Apr 85.

2. DD Form 1610 will be completed by this office.

LINDA H. PASSINGHAM

Substitution for A+E Contracting TIMAECPN by Corps Engineers, Huntsville approved Fall 1984 Saving $498 Form attached

FY-85

CIVILIAN EMPLOYEE TRAINING REQUEST

PWD Code 406

Employee Name James H. Fitch, P.E. Grade GS-12 Organization

Course Title Design Contract Management (CECOS Special Course)

Length of Course 3 Day Location Norfolk, VA April 16-18, 1985

Employees Last Official Performance Rating Satisfactory

COST: Registration $ 0 Per Diem $ 298 Travel $ 79 Total $ 377

1. Priority assigned to the training requirement.

Trng Money FY 85 "Substitution"

[ ] 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.

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?

Level of Competence in managing Architect-Engineer (A-E) Design Contracts will not improve. This is A critical need for more skill/knowledge.

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)

Contacted LEDA Bill Nigro 81-794-3630 | NIGRO'S/S call LANTDIV for Seats

Employee Name Jim Fitch Grade GS-12 Organization Public Works Division

Course Title A&E Contracting TIMAECPN Dec Management Course

Length of Course 4 days Location Huntsville, ALA or Washington, DC

Employees Last Official Performance Rating Satisfactory

COST: Registration $ 400.00 (215.00) Per Diem $ 375.00 Travel $ 98.00 Total $ 873.00

CECOS NORFOLK 0 298 498

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

[X] Training needed to correct serious performance deficiencies

[X] Training required to implement programs directed 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.

OFA Bill Crone 86-954-4944 3 Sept Quota Msg Seats are ALL ANTDIVS

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

To provide greater knowledge of and improve techniques for handling A/E contracts.

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?

We will not gain any more insight/technique from a fresh source towards the difficult problem of dealing with A/E 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.

applied

E. L. ROUSE — Dec 17 Status
Immediate Supervisor

E. A. SCHANNESMEYER
2d Level Supervisor

Huntsville C of E call Registrar
Feb 25-28 Wash No change March 18-21 Cincinnati some change DD1556 Request for Training
Apr 15-18 Atlanta Department Head standby basis say space availale one each location

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 Mar 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: FITCH, James H., Jr.

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 Division

6. PHONE NO.: 5507

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To visit the Specifications Branch, LANTDIV, to study their specification operations

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 1 1/2

b. PROCEED O/A *(Date)*: 14 Apr 85

11. ITINERARY ☐ VARIATION AUTHORIZED

From Jacksonville, NC to LANTNAVFACENGCOM, Norfolk, VA

Proceed on 15 April to Virginia Beach, VA, to attend Contract Design Administration Training Course

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
$ 112.50	$ 43.46	$ ~~ESS~~	$ 155.96	$ 125.00

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.

17. REQUESTING OFFICIAL *(Title and signature)*
C. A. JOHANNESMEYER, CDR, CEC, USN
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
~~1751106.2720~~	~~000~~	~~67001~~	~~0~~	~~067001~~	~~2D~~	~~XXXXXX~~	~~AM5 10 0205 1D12~~

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

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.)*: Group — 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)*:
Civilian Personnel Division
Marine Corps Base, Camp Lejeune, NC

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

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
North Carolina State University
Box 7902
Raleigh, NC 27650 (Attn: Trina Mullen)

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*:
Marine Corps Base (ROICC, JAXNCA)
Camp Lejeune, NC

16a. Training Type/ Subject Area Identifier

b. Course title or training services: EIT REVIEW

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: 10

b. Non-duty:

c. TOTAL: 10

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 — $ 360 dollars | 00 cents

b. Tuition cost — $ 360 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)*: E. L. ROUSE, Design Director — 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.)*: PLEASE INVOICE
Furnish original invoice and 3 copies to:
Civilian Personnel Division
Marine Corps Base
Camp Lejeune, NC 28542

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.

GROUP TRAINING
for
EIT REVIEW

Public Works Division

Richard K. Werner SS# 444-44-8865
Rt. 1, Box 158
Richlands, NC
Mechanical Engineer, GS-803-11

Brynn Ashton SS# 376-66-9944
P.O. Box 531
Swansboro, NC 28584
Civil Engineer, GS-810-11

Karen Murrell SS# 243-21-5434
Rt. 2, Box 14B
Trenton, NC 28585
Mechanical Engineer, GS-830-05

MEMORANDUM OF CALL

TO:

☐ YOU WERE CALLED BY— ☐ YOU WERE VISITED BY—

OF *(Organization)*

☐ PLEASE CALL → PHONE NO. CODE/EXT. _____ ☐ FTS

☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

737-2356

Dr. Muller

RECEIVED BY	DATE	TIME

63-109

☆ U.S. G.P.O. 1980-311-156/7

STANDARD FORM 63 (Rev. 8-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.6

UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542

TDY

12570
CPD
27 Jun 85

FIRST ENDORSEMENT on TON 005865 dtd 30 May 1985 issued by Marine Corps Base, Camp Lejeune, NC 28542

From: Commanding General, Marine Corps Base, Camp Lejeune
To: Mr. Fred W. Estes, Jr., Public Works, Marine Corps Base, Camp Lejeune

Subj: TRAVEL ORDER NO. 005865; MODIFICATION OF

1. Subject travel order is hereby modified as follows:

a. Item 14, Estimated Cost, insert "$50.00 (Reg fee)" in Block entitled Other.

b. Item 14, Estimated Cost, delete "$575.00" and insert "$625.00" in Block entitled Total.

2. Modification requested by Public Works. The original orders did not reflect a registration fee.

HOSEA HORNE, JR.
By direction

Copy to:
AC/S, COMP
BFISCAL
PWO

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, Jr., Fred W.	GS-11	455-60-2446

CHECK MAILING ADDRESS *(Include ZIP Code)*: P.O. Box 8796, Camp Lejeune, NC 28541

DUTY PHONE NO.: 1833

ORGANIZATION AND STATION: Public Works Division, Marine Corps Base, Camp Lejeune, NC

TRAVEL ORDERS *(Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)*: 005865 dtd 30MAY85 w/1st end dtd 27Jun85 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)*: $380.00 850607 MCB CLNC

1. ITINERARY *(See Item 25 for Symbols)*						2.	3. NUMBER OF MEALS		4.
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	COST OF LODGING	GOVT / DED *	OPEN MESS	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
10Jun	Registration Fee	$50.00	

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:

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

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): P.O. Box 8796, Camp Lejeune, NC 28541

DUTY PHONE NO.: 1833

ORGANIZATION AND STATION: Public Works Division, Marine Corps Base, Camp Lejeune, NC

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 005865 dtd 30 May 1985 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): $380.00 850607 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
9Jun	DEP	1700	Residence Gum Branch Rd.	PA					
9Jun	ARR	1730	Albert Ellis Airport		AT				
9Jun	DEP	1800		CP					
9Jun	ARR	2025	Airport		AT				
9Jun	DEP	2100	Arlington, VA	CA					
9Jun	ARR	2120	Sheraton Hotel		TD				
14Jun	DEP	1635	Arlington, VA	CA					
14Jun	ARR	1700	Airport		AT				
14Jun	DEP	1835	Arlington, VA	CP					
14Jun	ARR	1935	Airport		AT				
14Jun	DEP	2135	Charlotte, NC	CP					
14Jun	ARR	2235	Airport		AT				
14Jun	DEP	2300	Albert Ellis	PA					
14Jun	ARR	2330	Residence, Gum Branch Road		MC				

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
9&14Jun	PA miles from residence to airport and return (44 miles)		
10Jun	Registration Fee	$50.00	
9-14Jun	Parking Fees at Airport	15.00	

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

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

A c/s Comptr

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: 23 May 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: ESTES, JR., Fred W. 455-60-2446

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 Division

6. PHONE NO.: 1833

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend FY 1985 Facilities Conference to be held at the Sheraton National Hotel, Arlington, VA

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 6

b. PROCEED O/A *(Date)*: 9 June 1985

11. ITINERARY ☐ VARIATION AUTHORIZED

From Gum Branch Road, Jacksonville, NC to Arlington, VA and return

DISBURSING OFFICE, MCB CAMP LEJEUNE, NC 28542 89607 LIQUIDATION DATE ADVANCE

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
	X			30.00			☐ 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
$ 450.00	$ 100.00	$25.00 Limo	$ 575.00	$ 380.00

TOTAL VTA 30.00 GY SN 5190

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 and 6 of the attached Statement of Instructions apply to these orders.

17. REQUESTING OFFICIAL *(Title and signature)*: E. L. ROUSE, Public Works Officer, Acting

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
1751106.2720	000	67001	0	067001	2D	005865	AM5 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: 30 May 85

22. TRAVEL ORDER NUMBER: 005865

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702 NAVY OVERPRINT - JAN 1971

CASH RECEIPT CERTIFICATE

RECEIVED FROM

Mr. F. Estes

THE SUM OF

Fifty — DOLLARS (Amount in figures) $ 50.00

(Registration Fee)

for which I hold myself accountable to The United States of America T.O. # 005865

PURPOSE (State reason for receipt of funds)

1985 USMC Facilities Conference

SIGNATURE

Richard G. Lee

NUMBER 18383 DATE 6-10-85

NAVCOMPT FORM 2114 (REV. 1-70)
S/N 0104-LF-703-9602

☆ U.S. Government Printing Office: 1982—505-106/8680 2-1

A-18088

ISSUED BY

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS SET OUT ON THIS TICKET

PASSENGER'S COUPON

5877462315

ENDORSEMENTS (CARBON)

NAME OF PASSENGER ESTES/F MR — NOT TRANSFERABLE

DATE OF ISSUE 00 04JUN85

ORIGIN PIEDMONT

DESTINATION CAMP LEJEUNE

ISSUED IN EXCHANGE FOR 27 CLNDO 1905

DATE AND PLACE OF ORIGINAL ISSUE 22

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 JACKSONVILLE NC										
	TO P WAS NATIONAL	PI	390	Y	09JUN	600P	OK	YDG			
	TO Y CHARLOTTE	PI	23	Y	14JUN	635P	OK	YD3			
	TO JACKSONVILLE NC	PI	367	Y	14JUN	837P	OK	YDC			
	TO --VOID--										

FARE 92.59 — FARE CALCULATION — BAGGAGE CHECKED UNCHECKED PCS WT. UNCK WT. PCS WT. UNCK WT. PCS WT. UNCK WT. PCS WT. UNCK WT.

FORM OF PAYMENT •SGRV4905906/LC/-/C/CT/M

TAX 7.41

TOTAL

EQUIV. FARE PD. 100.00

A/L-AGT INFO

CONTROL NO.

CPN AIRLINE CODE FORM SERIAL NUMBER CK

5877462315 4 □ •

030 TUGBOAT Printed in U.S.A. by Rand McNally & Co. 11-81

CLAIM CHECK No. 2315

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.

OVERNIGHT PARKING

ALBERT J. ELLIS AIRPORT
RICHLANDS, NORTH CAROLINA

6-9-85 #15.00

IT IS A PLEASURE TO CONFIRM YOUR RESERVATION

IF YOUR PLANS CHANGE, CALL SHERATON RESERVATIONS OFFICE

FRED W. ESTES JR.
PO BOX 8796
CAMP LEJEUNE N.C. 28542

REMARKS/TRAVEL AGT.

ADV DEPOSIT

HOTEL/INN	RES. OFFICE	BY	DATE
NATIONAL	LETTER	BD	5/28

RATE PER ROOM	ROOMS	NO. PP	CAT	ADDRESS OF HOTEL
55	1	1		

ARRIVAL DATE	NTS	BEDS	GTD	TIME	NAME
9 JUN	6	1	X	GTD	ESTES, FRED W.

NAME (PLEASE PRINT AND PRESS HARD)

ADDRESS

CITY

FIRM

MAKE OF CAR

PERSONS A C

GTD 6PM

ADVANCE PAYMENT

CLERK

ROOMMATE

LIC. NUMBER

STATE

YEAR

TAX

GROUP

ZIP CODE

DB

METHOD OF PAYMENT
CASH ☐ CHECK ☐
CREDIT CARD ☐

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40

ACCOUNT PAYABLE ON PRESENTATION OR DEPARTURE

NO PETS

PLEASE FOLLOW FIRE SAFETY INSTRUCTIONS IN GUEST ROOMS

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR FULL AMOUNT OF THESE CHARGES.
CHECK OUT TIME IS 1 P.M. — PLEASE NOTE THAT ALL GUESTS MUST OFFICIALLY CHECK OUT WITH THE FRONT DESK AND OBTAIN A RECEIPT. FAILURE TO CHECK OUT OF THE HOTEL WILL RESULT IN A $10.00 BILLING SERVICE CHARGE AND/OR A CHARGE FOR AN ADDITIONAL NIGHT'S ROOM AND TAX. IF YOU WISH, YOU MAY VACATE YOUR ROOM AND CHECK YOUR BAGS WITH US AT NO CHARGE. IF YOU DESIRE TO KEEP YOUR ROOM AFTER THE POSTED HOUR OF DEPARTURE, PLEASE MAKE ARRANGEMENTS WITH THE FRONT DESK. OUR NORMAL CHARGE IS ONE-HALF DAY'S RENTAL FOR DEPARTURE AFTER THE POSTED HOUR UP TO 6 P.M. THANK YOU FOR YOUR COOPERATION AND FOR STAYING SHERATON.

GUEST SIGNATURE _____

NOTE: CHECK OUT TIME IS 1:00 P.M.

NOTE TO GUESTS. THIS PROPERTY IS PRIVATELY OWNED AND MANAGEMENT RESERVES THE RIGHT TO REFUSE SERVICE TO ANYONE AND WILL NOT BE RESPONSIBLE FOR ACCIDENTS OR INJURY TO GUESTS. MONEY, JEWELS AND VALUABLES MUST BE DEPOSITED IN THE OFFICE SAFE, OTHERWISE THE MANAGEMENT WILL NOT BE RESPONSIBLE FOR ANY LOSS. WE REGRET THAT WE CANNOT ASSIGN GUESTS WITHOUT BAGGAGE UNLESS PAYMENT IS MADE IN ADVANCE.

THE SHERATON NATIONAL HOTEL IS OWNED BY THE ROSCHAF PROPERTIES, LIMITED PARTNERSHIP AND OPERATED UNDER A LICENSE ISSUED BY SHERATON INNS, INC.

Sheraton National Hotel
900 SOUTH ORME STREET
ARLINGTON, VIRGINIA 22204
703/521-1900

FOLIO NO.
071907

TO CONFIRM A RESERVATION AT ANOTHER SHERATON

PAY LAST AMOUNT IN THIS COLUMN

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
850607

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 WKS

5. TRAVEL ORDER
TON ** 005865

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

PAID ADVANCE PER DIEM =$380.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	850607	$380.00		

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
1751106.2720	000	67001/0	067001	1K	005865	51002055D12E	$380.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
SMF				$380.00

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 Fred W. Estes, Jr. **Organization** PWO **Ext.** 2213

From Jacksonville, NC **To** Arlington, VA and return

Dates of Travel 9 and 15 Jun 85 **Dates of Training** 10-14 Jun 85

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	**Cost - Round Trip**
Leave Jacksonville, NC on 9 Jun at 1800 Arrive Wash., D.C. at 2025 Leave Wash., D.C. on 15 Jun at 1025 Arrive Jacksonville, NC at 1254	$100.00

Per Diem Estimate

1/2 day 9 Jun	$ 37.50
10-14 Jun	375.00
1/2 day 15 Jun	37.50
	$450.00

Total Estimated Cost

Per Diem	$450.00
Travel	100.00
Limousine Fees	25.00
Registration Fees	--
TOTAL	$575.00

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 380.00 .

☒ 2. Reservations - make reservations with Passenger Transportation, extension 1971.
RESERVATIONS MADE 16 May 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 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 .

☆U.S.GPO:1983-0-609-634/162

JS 020

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			
9 JUNE	$59 95			$12.50			$1.00
10 JUNE	$59 95	$3.50	$4.50	$13.50			
11 JUNE	$59.95	$1.85	$3.50	$14.95	$4.50		
12 JUNE	$59.95	$2.85	$4.50	$12.95			
13 JUNE	$59.95	$3.50	$5.50	$12.50			
14 JUNE		$3.50	$4.50	$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 17 June 1985

DD FORM 1 JAN 78 1351-3 S/N 0102-LF-013-3300

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Fred W. Estes, Jr. **Organization** PWO **Ext.** 2213

From Jacksonville, NC **To** Arlington, VA and return

Dates of Travel 9 and 15 Jun 85 **Dates of Training** 10-14 Jun 85

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Leave Jacksonville, NC on 9 Jun at 1800 Arrive Wash., D.C. at 2025 Leave Wash., D.C. on 15 Jun at 1025 Arrive Jacksonville, NC at 1254	$100.00

Per Diem Estimate

1/2 day 9 Jun	$ 37.50
10-14 Jun	375.00
1/2 day 15 Jun	37.50
	$450.00

Total Estimated Cost

Per Diem	$450.00
Travel	100.00
Limousine Fees	25.00
Registration Fees	--
TOTAL	$575.00

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 380.00 .

☒ 2. Reservations - make reservations with Passenger Transportation, extension 1971.
RESERVATIONS MADE 16 May 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 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 .

★ U.S. GOVERNMENT PRINTING OFFICE: 1979-604-670

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: 23 May 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: ESTES, JR., Fred W. 455-60-2446

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 Division

6. PHONE NO.: 1833

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend FY 1985 Facilities Conference to be held at the Sheraton National Hotel, Arlington, VA

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 6

b. PROCEED O/A *(Date)*: 9 June 1985

11. ITINERARY ☐ VARIATION AUTHORIZED

From Gum Branch Road, Jacksonville, NC to Arlington, VA 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)*

☐ 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
$ 450.00	$ 100.00	$25.00 Limo	$ 575.00	$ 380.00

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.

17. REQUESTING OFFICIAL *(Title and signature)*: E. L. ROUSE, Public Works Officer, Acting

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
1751106.2720	000	67001	0	067001	2D	000000	AM5 10 0205 5D12E

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION

21. DATE ISSUED

22. TRAVEL ORDER NUMBER

UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU
U UNCLASSIFIED U
UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU

Fred

MAR 19 1985

ROUTINE

R 151427Z MAR 85

FM CMC WASHINGTON DC

TO AIG EIGHT
CG FMFLANT

CG FMFPAC

FAC ROUTING	ACTION	INFO	INT
FACO			
4A			
4B			
4C			
4D			
4E			
4FC			
4LC			
SEC			
CLK			

UNCLAS //N11101//

CMC//CODEXLFF-3/
SUBJ: FACILITIES CONFERENCE

A. CMC LTR LFF-3 OVER 11101 DTD 27 FEB 85

1. THE TELEPHONE NUMBER LISTED IN THE REFERENCE WHICH INDICATED THAT RESERVATIONS MAY BE MADE FOR THE SHERATON NATIONAL HOTEL AT THE INDICATED "GROUP RATES" IS INCORRECT.

2. IN ORDER TO RECEIVE RESERVATIONS AT THE GROUP RATE OF $55 SINGLE AND $70 DOUBLE OCCUPANCY RATE, THE RESERVATIONS MUST BE MADE DIRECT TO THE SHERATON NATIONAL HOTEL IN ARLINGTON, VA. THE TELEPHONE NUMBER FOR RESERVATIONS IS (703) 521-1900 AND RESERVATIONS ARE ACCEPTED MONDAY THROUGH FRIDAY 0830-1900 EST.

3. THE FOLLOWING PERSONNEL ARE DESIGNATED POC'S FOR THE SUBJECT CONFERENCE:

LFF-1	MR. KURT SISSON	ANV 224-1966/1929
LFF-2	CAPT. L. KOBUS	ANV 224-1425/2171
LFF-3	MR. ELMER ZARTMAN	ANV 224-1448/3174

BT

// COMM NOTE : MSG DISTR AS RECEIVED, WILL SERVICE UPON REQUEST //

BFAC(2)...ACT FOR CG MCB CAMP LEJEUNE(11) 17000/ 2/0369
BADJ(4) BCOS(1) BMAD(1) BSDO(1) CEOR(1) OICB(1)

RTD:000-000/COPIES:0011

659201/078 1 OF 1 MATA0154 078/06:14Z 151427Z MAR 85
CSN:AUIA00526 CMC WASHINGTON

UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU
U UNCLASSIFIED U

20 MAR 1985
RECEIVED

DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
WASHINGTON, D.C. 20380

IN REPLY REFER TO

LFF-2-RGL:yum
11000

9 OCT 1984

From: Commandant of the Marine Corps
To: DISTRIBUTION LIST

Subj: FY 1985 FACILITIES CONFERENCE

Encl: (1) Proposed Conference Attendees

1. A Facilities Conference will be held at HQMC 9-14 June 1985 to provide an exchange of ideas and information to improve the management of Marine Corps facilities. This conference combines the previously separate conferences on Facilities Planning and Programming, Real Property Maintenance and Housing Management.

2. The conference will be held at the Sheraton National Hotel, Arlington, Virginia (near the Navy Annex building). A block of rooms has been tentatively set aside for us. We expect that most of the conference attendees will stay at the Sheraton, however we do need a tentative readout from you. The rooms are $55 for single occupancy and $70 for double.

3. Enclosure (1) is a guide on quotas for activity participation. This "Strawman" was derived from the numbers of personnel who have participated in the previous separate conferences and from the Field Budget Guidance. While we must stay reasonably close to the figures in the "TOTAL" column of enclosure (1), because of space and budget limitations, the exact mix of personnel sent to the conference from each activity is, of course, your decision. Some activities may send more personnel if you deem necessary and your funding is sufficient.

4. Request that you submit a list to HQMC (LFF-2) by 15 November 1984 which indicates who will attend the conference (by billet title and by name, if possible), and indicate whether or not the individual will be staying in the Sheraton or elsewhere. Also, please indicate if they will be single or double occupancy. This is just a preliminary list, which can be refined later.

5. The conference will begin at 0800 Monday, 9 June 1985 and will continue until at least mid-afternoon on Friday 14 June 1985 in order to accommodate what will certainly be a compressed schedule. To ensure that we cover the issues which are most important to you, we request that you provide us (LFF-2) with a suggested list of presentations/topics by 15 November 1984. Activities should include a short description of each item being proposed. Presentations should cover experiences, practices,

LFF-2:RGL:yum

Subj: FY 1985 FACILITIES CONFERENCE

procedures, and policies. Panel topics should be on timely problems which can be realistically resolved during the conference.

6. Additional guidance and information will be forthcoming this December. In the meantime, Mr. Dick Lee, Conference Coordinator, AV224-3188/1425, is available to answer questions that you may have.

M. H. SHEPPARD
Brigadier General, U.S. Marine Corps
Director, Facilities [illegible]
Installations [illegible]
By direction of the Commandant of the Marine Corps

Distribution List:
CG FMFLANT
CG FMFPAC
COMMARCORBASESPAC
CG MCDEC QUANTICO VA
CG MCB CAMP PENDLETON CA
CG 4TH MARDIV NEW ORLEANS LA
COMCABEAST CHERRY PT NC
CG MCAS CHERRY POINT NC
CG MCB CAMP BUTLER JA
CG MCLB ALBANY GA
CG 4TH MAW NEW ORLEANS LA
CG MCRD WRR SAN DIEGO CA
CG MCAGCC TWENTYNINE PALMS CA
CG MCLB BARSTOW CA
COMCABWEST EL TORO CA
CG MCAS EL TORO CA
CG MCB CAMP LEJEUNE NC
CG MCRD ERR PARRIS ISLAND SC
MCAS BEAUFORT SC
MCAS YUMA, AZ
MCAS KANEOHE BAY HI
MCAS IWAKUNI JA
MCAS(H) NEW RIVER NC
MCAS(H) TUSTIN CA
HQBN HQMC ARLINGTON VA
MARBKS WASHINGTON DC
CAMP SMITH OAHU HI
CAMP ELMORE NORFOLK VA
FIRST MCD GARDEN CITY LI NY
MCFC KANSAS CITY MI

Proposed Conference Attendees

	P/P	F/M	H	TOTAL
MCB Camp Pendleton,CA	2	3	4	9
MCB Camp Lejeune, NC	2	2	4	8
MCAGCC Twentynine Palms, CA	2	3	3	8
MCAS Cherry Point, NC	2	2	4	8
MCDEC Quantico, VA	2	2	4	8
MCAS El Toro, CA	2	2	4	8
MCRD San Diego, CA	2	2	2	6
MCRD Parris Island, SC	2	2	3	7
MCAS Beaufort, SC	2	2	3	7
MCB Camp Butler	1	3	2	6
MCAS IWAKUNI	1	2	3	6
MCAS Yuma,AZ	1	2	3	6
MCLB Albany, GA	1	2	3	6
MCLB Barstow, CA	1	2	3	6
MCAS Kaneohe Bay	2	2	1	5
MARCORBASESPAC	1	1	2	4
COM CABEAST	1	1	2	4
COM CABWEST	1		2	3
MCAS New River		1	1	2
Camp Smith, HI	1	1	1	3
MCB 8th&I		1	2	3
MCAS Tustin, CA		1	1	2
MCFC Kansas City,MI			2	2
Camp Elmore		1	1	2
HQBN Henderson Hall, VA		1	1	2
4th MARDIV,LA		1		1
4th MAW,LA		1		1
TOTAL	29	43	61	133

PP-PLANNING AND PROGRAMMING
FM- FACILITIES MAINTENANCE
H- HOUSING

Encl(1)

26 June 1985

Public Works Officer, Marine Corps Base, Camp Lejeune

Civilian Personnel Officer (Attn: Training)

AMENDMENT TO TRAVEL ORDERS 005865 dtd 30 May 85 for Fred W. Estes, Jr., 455-60-2446

1. Request that subject Travel Orders for Fred W. Estes, Jr., be amended to cover a $50.00 Registration Fee which Mr. Estes was charged when he attended the FY 1985 Facilities Conference held at the Sheraton National Hotel, Arlington, Virginia from 10-14 June 1985.

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
MURRELL, Karen	GS-5	243-21-5434

CHECK MAILING ADDRESS (Include ZIP Code): Rt. 2, Box 148, Trenton, NC

DUTY PHONE NO.: 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): 003605, MCB, CLNC dtd 1 Apr 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): $800.00, #M5114 850410, MCB, CLNC

10. FOR DO USE ONLY

DO VOUCHER NO.:

SUBVOUCHER NO.: Hdqtrs

PAID BY: Long Money

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
14Apr	DEP	0330	Trenton, NC	PA					
14Apr	ARR	0615	Raleigh/Durham		AT				
14Apr	DEP	0655	Airport	CP					
14Apr	ARR	0945	Chicago, ILL		AT				
14Apr	DEP	1600	Ohare Airport	PA					
14Apr	ARR	1900	Univ. of WI		TD				
19Apr	DEP	1800	Madison, WI	PA					
19Apr	ARR	2100	Chicago, ILL		AT				
20Apr	DEP	0730	Ohare Airport	CP					
20Apr	ARR	1110	Raleigh/Durham		AT				
20Apr	DEP	1500	Airport	PA					
20Apr	ARR	1730	Trenton, NC		MC				
	DEP								
	ARR								

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
14-20Apr	Parking Fees at Raleigh/Dur Airport $3.50 p/day (7 days)	$24.50	
14&20Apr	Round trip mileage fm residence to Raleigh/Durham (304 miles)	62.32	

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

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: KAREN MURRELL

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

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME—FIRST NAME—MIDDLE INITIAL *(Print/Type)*
MURRELL, Karen

I. ITINERARY

DATE 19	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	H. FOR DO USE ONLY: COMPUTATIONS
	DEP												
	ARR												
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III. REIMBURSABLE EXPENSES

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED
14&20Apr	Round trip mileage from Chicago, ILL to Madison, WI (300 miles)	$61.50	

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

☆U.S.GPO:1983-0-609-634/162

JS 028

3

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			
14 Apr	48.16		9.90	15.85			
15 Apr	48.16	5.25	7.25	13.50			
16 Apr	48.16	5.82	7.60	14.25			
17 Apr	48.16	4.28	7.85	16.52			
18 Apr	48.16	4.50	6.65	14.65			
19 Apr		5.85	10.80	17.94			
20 Apr			12.85	16.25			

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 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

ROOM	LAST NAME	FIRST	INITIAL			GROUP I.D./SPECIAL PROGRAM
502	Murrell, Karen (1)$$			14	19	Fed.

NO. PARTY	STREET ADDRESS	ARR	DEPT	TAX EX.#
1	Bldg 1005 Public Works Design Division			

RATE	CITY	STATE	ZIP		K/O	K/I
43	Camp Lujeune, NC		28542	ADVANCE DEPOSIT		

CLERK	PHONE
JW	( )

BALANCE FORWARD

DIRECT BILLING INFO:

GUEST SIGN. _____

502 1 4300 0 MURR

APR 14	PREV BAL		.00
APR 14	CASH	240.80-	
210305	ROOM 502-1		240.80-
APR 14	PREV BAL		240.80-
APR 14	ROOM CHG	43.00	
APR 14	CTY&WI ½	5.16	
310396	ROOM 502-1		192.64-
APR 15	PREV BAL		192.64-
APR 15	ROOM CHG	43.00	
APR 15	CTY&WI ½	5.16	
310275	ROOM 502-1		144.48-
APR 16	PREV BAL		144.48-
APR 16	ROOM CHG	43.00	
APR 16	CTY&WI ½	5.16	
310276	ROOM 502-1		96.32-
APR 17	PREV BAL		96.32-
APR 17	ROOM CHG	43.00	
APR 17	CTY&WI ½	5.16	
310354	ROOM 502-1		48.16-
APR 18	PREV BAL		48.16-
APR 18	ROOM CHG	43.00	
APR 18	CTY&WI ½	5.16	
APR 18	LOCAL PH	.25	
310318	ROOM 502-1		.25
APR 19	PREV BAL		.25
APR 19	CASH	.25-	
110072	ROOM 502-1		.00

--------CHECKOUT-08:17AM--------

HOWARD JOHNSON'S
HOTELS & LODGES
TOLL FREE RESERVATIONS NATIONWIDE
800 654-2000

HOWARD JOHNSON'S
EXECUTIVE HOTEL

525 WEST JOHNSON STREET
MADISON, WISCONSIN 53703

(608) 251-5511

FOLIO NUMBER
02773

13

1530 Dus Acts compt ✓ Alan

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: 27 Mar 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*	3. POSITION TITLE AND GRADE OR RATING
Murrell, Karen 243-21-5434	Mechanical Engineer, GS-5
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 Air Conditioning Design Systems, Madison, WI 15-19 Apr 85
10a. APPROX NO. OF DAYS OF TDY *(Including travel time)* / **b. PROCEED O/A *(Date)***	
6 1/2 / 14 Apr 85	

11. ITINERARY ☐ VARIATION AUTHORIZED

From Trenton, NC to Madison, WI and return

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 / **15. ADVANCE AUTHORIZED**

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ 487.50	$ 418.00	*790.00(re g fee) $ 25.00(limo fee)	$ 1720.50	$ 800.00

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 (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 these orders.

BY: D. R. BUSH

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
	1751106.2720	000	67001	0	067001	2D	003605	AA5 10 0476 3D22E
	*1751106.2720	000	67001	0	067001	2D	003605	AA5 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 1 Apr 85

22. TRAVEL ORDER NUMBER 003605

DD FORM 1 JUN 67 **1610** S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Karen Murrell Organization PWO Ext. 2213

From Trenton, NC To Madison, WI and return

Dates of Travel 14 and 20 Apr 85 Dates of Training 15-19 Apr 85

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Leave Jacksonville, NC 14 Apr at 0745 Arrive Madison, WI at 1538 Leave Madison, WI on 20 Apr at 0645 Arrive Jacksonville, NC at 1701	$418.00

Per Diem Estimate		Total Estimated Cost	
3/4 day 14 Apr	$ 56.25	Per Diem	$487.50
15-19 Apr	375.00	Travel	418.00
3/4 day 20 Apr	56.25	Limousine Fees	25.00
	$487.50	Registration Fees	790.00 (to be billed)
		TOTAL	$1720.50

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 800.00 .

☒ 2. Reservations - make reservations with Passenger Transportation, extension 1971.
OPEN TICKET

☒ 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. Cost of travel over $418.00 will be at employee's expense.

☒ 5. Overtime - approximate number of hours traveler may be subject to overtime based on the above schedule is 18 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 .

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER: M5114

D.O. VOUCHER NO.:

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	X	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 KLNE
850410

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*: MURRELL K

2. RANK OR GRADE: CIV

3. SSN: 243 21 5439

4. ORGANIZATION AND STATION: PUB WORKS

5. TRAVEL ORDER: TON 003605

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

PAID ADVANCE AUTHORIZED 800.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	850409	$800.00		

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 MSA

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
1751106.2720	000	670017/0	0670001	1k	002605	5100476 3D22E	$800.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
kjp				$800.00

DD 1 JUL 65 1351 (7PT)(NAVY OVERPRINT) S/N 0102-LF-013-2502

FORM APPROVED BY COMP. GEN., U S
APRIL 28, 1972

A PROGRAM OF UNIVERSITY OF WISCONSIN-EXTENSION

WEX

FEE _____

AIR CONDITIONING DESIGN-SYSTEMS
APRIL 15-19, 1968
REGISTRATION: 8:00 A.M., MONDAY
WISCONSIN CENTER
702 LANGDON STREET
MADISON, WI 53706
CHARLES DORGAN, PROGRAM DIRECTOR

SOCIAL SECURITY NO. 243219434 MUSKELL, KAREN
MECH. ENGINEER

MUSKELL, KAREN
U.S. NAVY
PUBLIC WORKS DESIGN DIV.
BUILDING 1002
CAMP LEJEUNE, NC

TOTAL 700.00

PREPAID _____

BALANCE 700.00

CASH OR CHECK NO. _____

CLERK _____

ENROLLMENT CONFIRMED: REGISTRATION NUMBER

FORM UW (22) - 244

☆ 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

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 DO Station No. If none, so state)

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

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 / DED*	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
14APR	DEP	0330	TRENTON, NC.	PA					
19APR	ARR	0615	RALEIGH/DURHAM		AT				
14APR	DEP	0655	AIRPORT	CP					
14APR	ARR	0945	CHICAGO, ILL		AT				
14APR	DEP	1600	OHARE AIRPORT	PA					
14APR	ARR	1900	UNIV. OF WISCONSIN		TD				
19APR	DEP	1800	MADISON, WIS.	PA					
19APR	ARR	2100	CHICAGO, ILL		AT				
20APR	DEP	0730	OHARE AIRPORT	CP					
20APR	ARR	1110	RALEIGH/DURHAM		AT				
20APR	DEP	1500	AIRPORT	PA					
20APR	ARR	1730	TRENTON, NC.		MC				
	DEP								
	ARR								

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
14-20APR	Parking Fees at Raleigh/Durham Airport $3.50 per day (7 Days)		
14&20APR	Round trip mileage from Trenton to Raleigh/Durham 304 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
5. (cont'd)		
14&20 APR	Round trip mileage from Chicago Ill. to Madison, Wis. 300 miles	

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.

* U.S GPO. 1983-0-609-634/162

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			
4/14	48.16		9.90	15.85			
4/15	48.16	5.25	7.25	13.50			
4/16	48.16	5.82	7.60	14.25			
4/17	48.16	4.28	7.85	16.52			
4/18	48.16	4.50	6.65	14.65			
4/19		5.85	10.80	17.94			
4/20			12.85	16.25			

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 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

18 Mar 1985

Flights Insp Money

Linda,

As Karen discussed with you, she desires an "Open Ticket." She has already made her own flight reservations as follows:

Drive POV from Trenton to Raleigh-Durham

Air from Raleigh-Durham to Chicago

Drive POV from Chicago to Wisconsin

Return flight is same as above.

Thanks,

Sue Jarman

Sue Jarman

From: Public Works Officer, Marine Corps Base

To: Civilian Personnel Officer (ATTN: Training Division)

Subj: Travel Orders for KAREN D. MURRELL

Address Rt. 2, Box 14B
Trenton, NC 28585

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 Conditioning Design System Course

Government Sponsored: [ ] Yes [X] No

*Mode of Transportation Preference: Commercial Air

Location of Training Site: Madison, WI

Type of Quarters: BOQ [ ] Available [X] Not Available
Commercial

Date and Time Training Begins: 0800, 15Apr85

Date and Time Training Ends: 19Apr85

Registration Fee or Tuition Involved: Yes/~~No~~ Amount $790.00

Employee is [X] Exempt or [ ] Nonexempt under the Fair Labor Standards Act.

E. L. ROUSE, 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)

UNITED STATES MARINE CORPS
CIVILIAN PERSONNEL DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO
12410
CPD
11 Mar 85

From: Employee Development Superintendent
To: PWO

Subj: TRAVEL ORDER INFORMATION: REQUEST FOR

Ref: (a) BO 12270.1

Encl: (1) Memo; Subj: Travel orders for Karen Murrell
(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 29 Mar 85.

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: HV-27-2006

B. Standard document number: 67001 (Organizational Identifier) | 85 (FY) | TG (Doc. type code) | 00180 (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)* 03
Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*
Murrell, Karen D.

2. Social Security Number 04: 243-21-5434

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
- X | Other *(Specify)* TRAINER

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

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function: Mechanical Engineer

11b. Handicapped? ☐ YES ☐ NO

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS | 5

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility
Engineering Registration, 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: Air Conditioning Design Systems

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06

	Year	Month	Day	c. Record ID
a. Start	85	04	15	
b. Complete	85	04	19	

19. Course hours per person (4 digits) 07

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

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

	Code		Code	
a. Purpose	5	08 c. Source	6	10
b. Type		09 d. Special Interest	9	11

20. PART II *(See instructions)*

a. Training Facility/Vendor Location Code (UIC): 99999	b. Security Clearance		d. Training credits	e. Priority: 1	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: $ dollars 790 cents 00

b. Tuition cost per person: $ dollars 790 cents 00

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

d. Funding source: C

e. Accounting classification for direct costs
1751106.2720 000 67001 0 067001 2B 000000

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

22. Job order number *(Optional)*
AAS 10 0477 1022Q

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 per person: $ dollars cents

c. Per diem/other costs per person: $ 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: 919-451-1539

Signature

Date: 22Feb85

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: 22Feb85

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.

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, material 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 Doctorate degree
06 TOP Certificate	14 Post Bachelor	22 Post Doctorate
07 Started college	15 1st professional	

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.

United +1-800-336-0123

Delta

~~POV → R-Du → Chi~~

Drive POV from Trenton → R-Du

Air from R-Du → Chicago

Drive POV from Chicago → Wis.

Reverse Order

Adams World → 353-1156

Flying Dutchman → 353-2037

Going		Return	
Depart	Arrive	Depart	Arrive
Sun. 4/14 morning	4/14	Sat. 4/20 morning	

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

Energy Money

LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
MURRELL, Karen D.	GS-7	243-21-5434

CHECK MAILING ADDRESS (Include ZIP Code)	DUTY PHONE NO.
Route 2, Box 14B	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)

005755 dtd 23May85 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)

$275.00 DOV M7370 850605 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
9Jun	DEP	1100	Trenton, NC	PA					
9Jun	ARR	1500	Greensboro, NC		AT				
9Jun	DEP	1600	Airport	CP					
9Jun	ARR	1730	Chicago OHare		AT				
9Jun	DEP	1800	Airport	TA					
9Jun	ARR	1830	Holiday Inn		TD				
13Jun	DEP	0600	Skokie, ILL	CB					
13Jun	ARR	0645	Chicago OHare		AT				
13Jun	DEP	0730	Airport	CP					
13Jun	ARR	1115	Greensboro		AT				
13Jun	DEP	1200	Airport	PA					
13Jun	ARR	1630	Trenton, NC		MC				
	DEP								
	ARR								

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
9-13Jun	Parking Fees at Airport	$14.00	
7&13Jun	Rd Trip mileage from residence to Greensboro Airport		
9 Jun	Limo Fees from Airport to motel	21.00	
13Jun	Bus Fees from motel to Airport	2.00	

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

APPROVING OFFICIAL (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

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: KAREN D. MURRELL — 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.

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: 21 May 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Murrell, Karen 243-21-5434

3. POSITION TITLE AND GRADE OR RATING: Mechanical Engineer, GS-5

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 Design and Application Seminar, Skokie, Illinois 10-12 Jun 85

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 4 1/4

b. PROCEED O/A *(Date)*: 9 Jun 85

11. ITINERARY: From Trenton, NC to Skokie, Ill 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:
	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. XX ☐ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ 318.75	$ 322.00	$ 25.00(limo fee)	$ 665.75	$ 275.00

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 and 6 of the attached Statement of Instructions apply to these orders.

DISBURSING OFFICE, MCB CAMP LEJEUNE, NC 28542 DISBURSING CLERK LIQUIDATION
DD1610 SelMove LessADV TA TOTAL DOV 112370 01 SYM 5190
D. P. RUSH 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
1751106.2720	000	67001	0	067001	2D	005755	AA5 10 0482 3D22E

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: 23 May 85

22. TRAVEL ORDER NUMBER: 005755

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

PASSENGER TICKET AND BAGGAGE CHECK

SUBJECT TO CONDITIONS SET OUT ON THIS TICKET

PASSENGER'S COUPON

5877461088

ISSUED BY: PIEDMONT

ORIGIN: CAMP LEJEUNE

DESTINATION:

ENDORSEMENTS (CARBON):

ISSUED IN EXCHANGE FOR:

DATE OF ISSUE: 00 28MAY85

DATE AND PLACE OF ORIGINAL ISSUE: 28 CLNJD 1929

CONJUNCTION TICKET(S):

NAME OF PASSENGER: MURRELL/KAREN MS

NOT TRANSFERABLE

NOT GOOD AFTER: 22

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 GREENSBORO/HIGHPT	PI	211	Y	09JUN	250P	OK	YDO			
	TO CHI OHARE	PI	222	Y	13JUN	930A	OK	YDO			
	TO GREENSBORO/HIGHPT										
	TO --VOID--										
	TO --VOID--										

BAGGAGE CHECKED / UNCHECKED — PCS / WT. / UNCK WT. / PCS / WT. / UNCK WT. / PCS / WT. / UNCK WT. / PCS / WT. / UNCK WT.

FARE: 235.19 FARE CALCULATION: GSOORD 127 ORDGSO 127

TAX: 18.81

TAX:

TOTAL:

EQUIV. FARE PD.: 254.00

A/L-AGT INFO:

CONTROL NO.:

CPN | AIRLINE CODE | FORM | SERIAL NUMBER | CK

05 0 5877461088 2 □

FORM OF PAYMENT: **SGRV490586**RE*ISSUE*

To whom it may concern:
I did not take this particular flight. I took Piedmont at 7:30am from Chicago and arrived in Greensbow, N.C. at 11:15am Thurs. The fare was the same.

ISSL

Printed in U.S.A. by Rand McNally & Co. TUGBOAT 11-81

THIS TICKET IS NONTRANSFERABLE. PURCHASER BY ACCEPTING THIS TICKET AGREES TO THE CONDITIONS CONTAINED HEREIN (INCLUDING THOSE ON THE REVERSE SIDE HEREOF AND THOSE INCORPORATED BY REFERENCE) WHICH CONSTITUTE THE CONTRACT BETWEEN PURCHASER AND CARRIER. PURCHASER AGREES THAT CARRIER ACTS ONLY AS AGENT FOR OTHER CARRIERS WITH RESPECT TO OTHER TRANSPORTATION. CARRIER'S AUTHORITY TO ACT FOR OTHER CARRIERS IS LIMITED TO THE MAKING OF RESERVATIONS AND THE ISSUANCE OF TICKETS. PURCHASER AGREES THAT CARRIER SHALL NOT BE LIABLE FOR ANY ACTS OR OMISSIONS OF OTHER CARRIERS OR FOR ANY DAMAGES SUSTAINED ON OTHER CARRIERS. PURCHASER AGREES THAT CARRIER SHALL NOT BE LIABLE FOR ANY DAMAGES ARISING OUT OF ANY INTERRUPTION OF SERVICE, DELAY OR FAILURE TO PERFORM CAUSED BY STRIKE, WEATHER, MECHANICAL DIFFICULTY OR OTHER CAUSES BEYOND CARRIER'S CONTROL. PURCHASER AGREES THAT CARRIER SHALL NOT BE LIABLE FOR ANY DAMAGES ARISING OUT OF FAILURE TO FURNISH ACCOMMODATIONS FOR WHICH THIS TICKET IS ISSUED. PURCHASER AGREES THAT CARRIER SHALL NOT BE LIABLE FOR ANY DAMAGES ARISING OUT OF FAILURE TO MAKE CONNECTIONS. PURCHASER AGREES THAT CARRIER SHALL NOT BE LIABLE FOR ANY DAMAGES ARISING OUT OF FAILURE TO MAKE CONNECTIONS. PURCHASER AGREES THAT CARRIER SHALL NOT BE LIABLE FOR ANY DAMAGES ARISING OUT OF FAILURE TO MAKE CONNECTIONS.

ROOM NO.	LAST NAME	FIRST	INITIAL	RATE
225	MURRELL	KAREN		44

NO. GUESTS	CITY	STATE	FOLIO NUMBER
1			47922

STATEMENT

Holiday Inn® of SKOKIE

5300 West Touhy Avenue
SKOKIE, ILLINOIS 60077

Telephone (312) 679-8900

Holiday Inn®

LAST BALANCE IS
AMOUNT DUE UNLESS
OTHERWISE INDICATED →

From Folio _____ To _____

DATE	REF. NO.	CODE	AMOUNT
225	2	0044	0 MURR
JUN 09	PREV BAL		.00
JUN 09	CASH		143.88-
210246	ROOM	225-2	143.88-
JUN 09	ROOM	44.00	
JUN 09	TAX 8%	3.88	
210751	ROOM	225-2	95.92-
JUN 10	ROOM	44.00	
JUN 10	TAX 8%	3.92	
210532	ROOM	225-2	47.96-
210472	ROOM	225-2	47.96-
225	5	0044	0 MURR
210475	ROOM	225-5	47.96-
JUN 11	ROOM	44.00	
JUN 11	TAX 8%	3.84	
210405	ROOM	225-5	.00

Thank You!

HURRY BACK

DUPLICATE

ROOM NO.	LAST NAME	FIRST	INITIAL	RATE
	MURRAY	KAREN		44
NO. GUESTS	CITY		STATE	FOLIO NUMBER
				47993

STATEMENT

Holiday Inn® of SKOKIE

5300 West Touhy Avenue
SKOKIE, ILLINOIS 60077

Telephone (312) 679-8900

DATE	REF. NO.	CODE	AMOUNT

Holiday Inn®

Thanks Again!

HURRY BACK

LAST BALANCE IS
AMOUNT DUE UNLESS
OTHERWISE INDICATED →

From Folio _____ To _____

TRIPLICATE

S/N 0102--LF--013--2203

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
Murrell Karen D.	GS.5	243-21-5434

CHECK MAILING ADDRESS (Include ZIP Code): Route 2 Box 148

DUTY PHONE NO: 451-3238

ORGANIZATION AND STATION: Public Works Division, Marine Corps Base, Camp Lejeune, N.C.

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)

1. ITINERARY (See Item 25 for Symbols)

DATE		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT	3. NUMBER OF MEALS DED*	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
TDY										
9 JUN	DEP	1100	Trenton, N.C.	PA						
9 JUN	ARR	1500	Greensboro		AT					
9 JUN	DEP	1600	AIRPORT	CP						
9 JUN	ARR	1730	Chicago OHare		AT					
9 JUN	DEP	1800	AIRPORT	RENTAL						
9 JUN	ARR	1830	HOLIDAY INN		TD					
13 JUN	DEP	0600	Skokie, ILL.	~~PA~~ Bus						
13 JUN	ARR	0645	Chicago OHare		AT					
13 JUN	DEP	0730	AIRPORT	CP						
13 JUN	ARR	1115	Greensboro		AT					
13 JUN	DEP	1200	AIRPORT	PA						
13 JUN	ARR	1630	Trenton, NC.		MC					
	DEP									
	ARR									

COMPUTATIONS

limo from OHare - Holiday Inn Skokie on Jun 6/9 $21.00

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
9-13 JUN	Parking Fees at Greensboro AIRPORT 3.50/day (4 days)		
7 & 13 JUN	Round trip mileage from residence to Greensboro Airport		

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

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 1012c approved by NARS, GSA April . 7

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			
6/9	47.96			14.25			
6/10	47.96	7.25	11.50	18.75			
6/11	47.96	7.80	9.90	14.50			
6/12	23.98	8.75	12.60	16.80			
6/13			12.75			9.90 bus from Holiday to O'Hare Airport on Thurs.	

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

☆ U.S.GPO:1983-0-609-634/162

JS 028

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			
9 June	$47.96			$14.25			
10 June	47.96	$7.25	11.50	18.75			
11 June	47.96	$7.80	9.90	14.50			
12 June	23.98	8.75	12.60	16.80			
13 June			$12.75				

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, KAREN D. MURRELL 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 Karen D. Murrell

DATE 6/19/85

DD FORM 1 JAN 78 1351-3 S/N 0102-LF-013-3300

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Karen Murrell **Organization** PWO **Ext.** 2213

From Trenton, NC **To** Skokie, Ill and return

Dates of Travel 9 and 13 Jun 85 **Dates of Training** 10-12 Jun 85

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	**Cost - Round Trip**
Leave New Bern, NC on 9 Jun at 0710 Arrive Chicago, Ill at 1050 Leave Chicago, Ill on 13 Jun at 0645 Arrive New Bern, NC at 1155	$322.00

Per Diem Estimate		**Total Estimated Cost**	
3/4 day 9 Jun	$ 56.25	**Per Diem**	$318.75
10-12 Jun	225.00	**Travel**	322.00
1/2 day 13 Jun	37.50	**Limousine Fees**	25.00
		Registration Fees	---
	$318.75	**TOTAL**	$665.75

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 275.00 .

☒ 2. Reservations - make reservations with Passenger Transportation, extension 1971.
OPEN TICKET REQUEST MADE 20 May 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 8 3/4 . 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 .

MCBCL 12270

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. 005755

FOR Karen Murrell SSN: 243-21-5434

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.

STATEMENTS IN LIEU OF RECEIPTS

M4025
Pg. 4-34

Ref: (a) JTR, Par M4025

In accordance with reference (a), I hereby certify that lodging was obtained from the below listed establishment(s) for the period(s) listed, and that receipts for the same were (impractical to obtain/inadvertantly destroyed). I further certify that the amount(s) listed were for lodging only, and does not include any amount(s) non-reimbursable nor any amount(s) reimbursable elsewhere on the travel claim. I understand my travel claim may be investigated formally prior to final audit.

1. Name of Establishment(s) Holiday Inn of Skokie

2. Address/Location 5300 West Touhy Avenue
Skokie, Illinois 60077

3. Inclusive Dates of Lodging 9-13 June 1985

4. Rate Per Night 9-13 June 1985 $44.00

5. Tax on Line #4 3.96

6. Total Per Night $47.96

7. Total Amount Covered by this Statement $143.88

8. Number of Occupants in Room 1 from 9-12 June 1985; 2 on 13 June 1985

9. Remarks I had a room to myself from Sunday through Wednesday morning. I shared a room with someone in my class Wednesday night and we split the cost. One half of $47.96 = $23.98

/S/ KAREN D. MURRELL

/SSN/ 243-21-5934

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
850506

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
MURRELL K	CIV	243 21 5434

4. ORGANIZATION AND STATION

PUBLIC WORKS

5. TRAVEL ORDER

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

PAID ADVNCE PER DIEM =$275.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	850684	$275.00		

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
1751106.2720	000	67001/0	067001	1K	005755	S1004823222E	$275.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
SMF				$275.00

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: Public Works Officer, Marine Corps Base, Camp Lejeune, NC

To: Civilian Personnel Officer (ATTN: Training Division)

Subj: Travel Orders for Karen D. Murrell

Address Rt. 2, Box 14B
Trenton, NC

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 Design and Application Seminar

Government Sponsored: [ ] Yes [X] No

*Mode of Transportation Preference: Commercial Air

Location of Training Site: Skokie, Illinois

Type of Quarters: BOQ [ ] Available [X] Not Available
Commercial

Date and Time Training Begins: 0800, 10 June 1985

Date and Time Training Ends: 1700, 13 June 1985

Registration Fee or Tuition Involved: ~~Yes~~/No Amount

Employee is [ ] Exempt or [X] Nonexempt under the Fair Labor Standards Act.

E. L. ROUSE, 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.

Karen D. Murrell
(Signature of Traveler)

ENCLOSURE (1)

Nola,

Karen desires an "open ticket" just like she had last time.

POV from Trenton to Raleigh

Commercial Air from Raleigh to Chicago, ILL

Transportation from Chicago, ILL to Skokie, ILL

Thanks,

Sue Jarman

UNITED STATES MARINE CORPS
CIVILIAN PERSONNEL DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO
12410
CPD
10 Apr 85

From: Employee Development Superintendent
To: **Public Works**

Subj: TRAVEL ORDER INFORMATION: REQUEST FOR

Ref: (a) BO 12270.1

Encl: (1) Memo; Subj: Travel orders for **Karen Murrell**
(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 May 85**.

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 (Organizational Identifier) | 85 (FY) | TG (Doc. type code) | 00163 (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)* 03
Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*
Murrell, Karen D.

2. Social Security Number 04: 243-21-5434

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/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, N. C. 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
Mechanical Engineer

11b. Handicapped? [ ] YES [ ] NO

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator
GS | 830 | 5

13. Type of appointment: CC

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility
ITT Fuid Handling Division
8200 N. Austin Avenue
Morton Grove, Illinois 60053
Attn: Training & Education Department

b. Location of training site *(If same, mark box.)* [ ] *(If not required, use for remarks.)*
Skokie, Illinois

16a. Training Type/Subject Area Identifier
35550

b. Course title or training services
Design and Application Seminar

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06

	Year	Month	Day	c. Record ID
a. Start	85	05	20	
b. Complete	85	05	22	

19. Course hours per person (4 digits) 07

a. During duty	0024
b. Non-duty	
c. TOTAL	0024

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

	Code		Code	
a. Purpose	4	08 c. Source	4	10
b. Type		09 d. Special Interest	0	11

20. PART II *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC): 99999	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	b. Tuition cost per person	c. Books, material or other costs per person	d. Funding source
$ dollars cents	$ dollars cents	$ dollars cents	

e. Accounting classification for direct costs
1751106.2720 000 67001 0 067001 2D 000000

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

22. Job order number *(Optional)*
AA5 10 0483 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	b. Travel cost per person	c. Per diem/other costs per person	d. Travel order number
$ dollars cents	$ dollars cents	$ dollars cents	

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? Yes [ ] No [ ] If No, attach waiver request

I CERTIFY that this training meets regulatory requirements:
Training Officer *(Name and title/code)* | Area code/AUTOVON/Number/Ext
AV-484-1539

Signature: L. H. Passingham, EMPLDEVSUPT | Date: 28 Feb 85

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
L.h.Passingham, EMPLDEVSUPT

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 | 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.

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, material 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 Doctorate degree
06 TOP Certificate	14 Post Bachelor	22 Post Doctorate
07 Started college	15 1st professional	

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.

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: Special Course Moves

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.): MURRELL, Karen
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): Rt. 2, Box 14B, Trenton, NC 28585
5. Home telephone (Optional) Area code/Number:
6. Position level (X only one): Non-supervisory | Supervisory | Other (Specify) | Manager | Executive
7. Organization mailing address (Branch - Division/Office/Bureau/Agency/Service/Command): Public Works Division, Bldg. 1005, Marine Corps Base, Camp Lejeune, NC 28542
8. Office telephone Area code/AUTOVON/Number/Ext: 919-451-3258
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 | 05 | 01
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: ITT Fluid Handling Division, Training & Education Department, Morton Grove, Illinois
b. Location of training site (If same, mark box.) ☐ (If not required, use for remarks.): "Little Red Schoolhouse" Morton Grove, Illinois

16a. Training Type/ Subject Area Identifier
b. Course title or training services: Design and Application Seminar
c. Dispute code

17a. Catalog/Course No.
b. Offering
18. Training period (6 digits) 06 — Year / Month / Day:
a. Start: 85 / 05 / 20
b. Complete: 85 / 05 / 22
c. Record ID
19. Number of course hours (4 digits) 07:
a. During duty: 21
b. Non-duty:
c. TOTAL: 21
20. PART I – training codes (see instructions)
a. Purpose | b. Type | 08 c. Source | 09 d. Special Interest | Code | 10 | 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: $ 0 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): E. L. ROUSE, Design Director
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)
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.

Karen's Energy Training Manual

ITT Corporation

ITT

Fluid Handling Division
TRAINING & EDUCATION DEPARTMENT

8200 N. Austin Avenue
Morton Grove, Illinois 60053
(312) 966-3700

February 20, 1985

Ms. Karen Murrell
U. S. Marine Corps
Public Works Design
Building 1005
Camp LeJeune, N.C. 28542

Dear Ms. Murrell:

Thank you for the interest you have shown in planning to attend the ITT Fluid Handling Division Design & Application Seminar beginning on Monday, May 20, 1985.

This letter is your confirmation that a place in this class has been reserved for you. Complete details of the Seminar will be sent to you approximately three weeks before the class begins.

It is our policy that all out-of-town students who attend the Design & Application Seminar will pay for their own room.

Please let us know if we can be of any service to you or if you need any additional information.

Sincerely yours,

ITT FLUID HANDLING DIVISION

Robert T. DeWyze

Robert T. DeWyze
Director of Training & Education

RTD:mc

TRAVEL INFORMATION

Buses leave O'Hare Airport for the Holiday Inn in Aurora on the following schedule. Running time is approximately 40 minutes.

DEPART O'Hare Airport	ARRIVE Holiday Inn
8:05 A.M.	8:45 A.M.
*9:05 A.M.	*9:45 A.M.
11:05 A.M.	11:45 A.M.
*1:05 P.M.	*1:45 P.M.
3:05 P.M.	3:45 P.M.
*5:05 P.M.	*5:45 P.M.
6:05 P.M.	6:45 P.M.
7:05 P.M.	7:45 P.M.
8:05 P.M.	8:45 P.M.
*9:05 P.M.	*9:45 P.M.

DEPART Holiday Inn	ARRIVE O'Hare Airport
*8:10 A.M.	*8:45 A.M.
9:10 A.M.	9:45 A.M.
*10:40 A.M.	*10:45 A.M.
11:40 A.M.	11:45 A.M.
*12:40 P.M.	*12:45 P.M.
1:40 P.M.	1:45 P.M.
*2:10 P.M.	*2:45 P.M.
3:10 P.M.	3:45 P.M.
*4:10 P.M.	*4:45 P.M.
5:10 P.M.	5:45 P.M.
6:10 P.M.	6:45 P.M.
7:10 P.M.	7:45 P.M.
8:10 P.M.	8:45 P.M.
9:10 P.M.	9:45 P.M.

Not Operating Saturday, Sunday or Holidays

Not Operating Saturday or Holidays

Boarding at International/United & American Terminals

ATTN: Training & Education Department

FLUID HANDLING DIVISION

8200 N. Austin Avenue

Morton Grove, Illinois 60053

DESIGN & APPLICATION SEMINAR

FLUID HANDLING DIVISION

PROGRAM

GENERAL INFORMATION

[illegible] to the Chicago [illegible] and attending [illegible] Design & Application Seminar [illegible]

Holiday Inn
9600 W. Touhy Avenue
Skokie, Illinois 60053
Tel: (312) 679-8900

[illegible] meals are made by the ITT Fluid Handling [illegible]

[illegible] student will assume the cost of his [illegible] the registration. The ITT Fluid Handling Division will [illegible] personal charges taken at the Holiday Inn [illegible] day [illegible] and ending [illegible] Saturday A.M. check-out [illegible]

The student will pay for all incidentals if charged at the Motel such as:

Valet Service
Laundry Service
Room Service
Telephone Calls
Liquor Charges

The Fluid Handling Division will [illegible] the noon meals [illegible] the Plant for the entire [illegible]

Free transportation will be furnished each day, to and from the Holiday Inn to the "Little Red Schoolhouse" in Morton Grove.

Out-of-town students will pay for their [illegible] to and from their homes to the Holiday Inn in Skokie, Illinois.

Chicago area students will pay for their transportation to and from their homes to the "Little Red Schoolhouse".

The course begins at 9:00 A.M. Monday and terminates at 3:00 P.M. on Wednesday.

(A.M.) [illegible]

Review of [illegible]

System Design

Detailed [illegible]

Specifications

Discovery Systems

Introduction to [illegible]

Problems

Fluid Characteristics

1. Viscosity
2. Vapor Pressure
3. Application Problems

(P.M.) Control Valves

1. Basic Valve Types
2. Valve Body Materials
3. Control Valve Application
4. Effects of Valve Design on [illegible]
5. Control Valve Performance and [illegible]
6. Specification [illegible]

(A.M.) Control Valves (Continued)

Introduction to Pumps

Pump Types

1. Centrifugal Pumps
2. Positive Displacement Pumps

Pumping Theory

1. Primary, Secondary, Tertiary

(P.M.) Primary-Secondary (Continued)

System Balance

(A.M.) Plant Tour

Air Control Methods & Compressors

Tank Selection

Preservation

(P.M.) Cooling Tower Pumping and Piping

NPSH Theory

Pumping Viscous Fluids

ITT Corporation

Fluid Handling Division
TRAINING & EDUCATION DEPARTMENT

8200 N. Austin Avenue
Morton Grove, Illinois 60053
(312) 966-3700

June 10

April 19, 1985

Ms. Karen Murrell
U.S. Marine Corps
Public Works Design
Building 1005
Camp LeJeune, N.C. 28542

Dear MS. Murrell:

Due to a combination of circumstances beyond our control, we are forced to cancel the Design & Application Seminar scheduled on May 20th.

However, we are still giving you the opportunity to register in our May 6th or June 10th class.

We would appreciate your letting us know which date will fit into your schedule. Just drop us a line or call us at the telephone number listed above. We in turn will then mail you all the general information on that particular date.

We are sorry for this inconvenience and look forward to hearing from you as soon as possible.

Sincerely yours,

ITT FLUID HANDLING DIVISION

Robert T. DeWyze
Director of Training & Education

RTD:mc

Energy Mang

From: Public Works Officer, Marine Corps Base, Camp Lejeune
To: Civilian Personnel Officer (ATTN: Training Division)

Subj: Travel Orders for KAREN MURRELL
Address Rt. 2, Box 14B
Trenton, NC 28585

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 attent Design and Application Seminar

Government Sponsored: [ ] Yes [X] No

*Mode of Transportation Preference: Commercial Air - Employee desires an open ticket

Location of Training Site: Skokie, Illinois

Type of Quarters: BOQ [ ] Available [X] Not Available
Commercial

Date and Time Training Begins: 0800, 20 May 1985

Date and Time Training Ends: 1630, 22 May 1985

Registration Fee or Tuition Involved: ~~XXXX~~/No Amount

Employee is [ ] Exempt or [X] Nonexempt under the Fair Labor Standards Act.

E. L. ROUSE, 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: NV 27-2006

B. Standard document number: 67001 (Organizational Identifier) 85 (FY) TG (Doc. type code) 00163 (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: Murrell, Karen D.

2. Social Security Number 04: 243-21-5434

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/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, N. C. 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: Mechanical Engineer

11b. Handicapped? YES NO

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS | 830 | 5

13. Type of appointment: CC

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility
ITT Fuid Handling Division
8200 N. Austin Avenue
Morton Grove, Illinois 60053
ATTN: Training & Education Department

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

16a. Training Type/ Subject Area Identifier: 35550

b. Course title or training services: Design and Application Seminar

c. Dispute code

17a. Catalog/Course No.

b. Offering

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

	Year	Month	Day
a. Start	85	05	20
b. Complete	85	05	22

19. Course hours per person (4 digits) 07

a. During duty	0024
b. Non-duty	
c. TOTAL	0024

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

	Code		Code	
a. Purpose	4	08 c. Source	4	10
b. Type		09 d. Special Interest	0	11

20. PART II – *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC): 99999	b. Security Clearance		d. Training credits	e. Priority: 2	h. Training program: 2
	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 $ dollars cents | b. Tuition cost per person $ dollars cents | c. Books, material or other costs per person $ dollars cents | d. Funding source

e. Accounting classification for direct costs
1751106.2720 000 67001 0 067001 2D 000000

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

22. Job order number *(Optional)*
AA5 10 0483 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 per person $ dollars cents | c. Per diem/other costs per person $ 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? Yes | No | If No, attach waiver request

I CERTIFY that this training meets regulatory requirements:
Training Officer *(Name and title/code)* | Area code/AUTOVON/Number/Ext
AV-484-1539

Signature: L.H. Passingham, EMPLDEVSUPT | Date: 28 Feb 85

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
L.H. Passingham, EMPLDEVSUPT

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 | Date | 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 voluntar**ily 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

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 (Organizational Identifier) | 85 (FY) | TG (Doc. type code) | 00163 (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: Murrell, Karen D.

2. Social Security Number 04: 243-21-5434

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/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, N. C. 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: Mechanical Engineer

11b. Handicapped? [ ] YES [ ] NO

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS | 830 | 5

13. Type of appointment: CC

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility
ITT Fuid Handling Division
8200 N. Austin Avenue
Morton Grove, Illinois 60053
Attn: Training & Education Department

b. Location of training site *(If same, mark box.)* [ ] *(If not required, use for remarks.)*
Skokie, Illinois

16a. Training Type/ Subject Area Identifier: 35550

b. Course title or training services: Design and Application Seminar

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06

	Year	Month	Day	c. Record ID
a. Start	85	05	20	
b. Complete	85	05	22	

19. Course hours per person (4 digits) 07

a. During duty	0024
b. Non-duty	
c. TOTAL	0024

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

	Code		Code	
a. Purpose	4	08 c. Source	4	10
b. Type		09 d. Special Interest	0	11

20. PART II - *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC): 99999	b. Security Clearance		d. Training credits	e. Priority: 2	h. Training program: 2
	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: $ dollars cents

b. Tuition cost per person: $ dollars cents

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

d. Funding source

e. Accounting classification for direct costs
1751106.2720 000 67001 0 067001 2D 000000

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

22. Job order number *(Optional)*
AA5 10 0483 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 per person: $ dollars cents

c. Per diem/other costs per person: $ 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? Yes [ ] No [ ] If No, attach waiver request

I CERTIFY that this training meets regulatory requirements:
Training Officer *(Name and title/code)*
L. H. Passingham, EMPLDEVSUPT

Area code/AUTOVON/Number/Ext.
AV-484-1539

Signature

Date
28 Feb 85

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,EMPLDEVSUPT

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)*

Signature

Date

DSSN number | Check number | Voucher number

32. School official *(Name and title)*

Signature Date

Acceptance approval
Yes [ ] Nominee accepted
No [ ] Not accepted

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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 voluntar**ily 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
12410
CPD
8 May 85

From: Employee Development Superintendent
To: **Public Works**

Subj: TRAVEL ORDER INFORMATION: REQUEST FOR

Ref: (a) BO 12270.1

Encl: (1) Memo; Subj: Travel orders for **Karen Murrell**
(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 **20 May 85**.

2. DD Form 1610 will be completed by this office.

Linda H. Passingham
LINDA H. PASSINGHAM

scheduled for 2.0/

Late July

Energy Training

1. Karen Murrell
   Course Bill Gossett Design School — 3 days
   Cost of Course $0.00
   Dates May 20-22, 1985
   Location Morton Grove, Ill (outside of Chicago)

2. Keith Werner
   Course Air Conditioning Design - Industrial Facilities — 5
   Cost of Course $790
   Dates July 22-26, 1985
   Location Univ WI, Madison, WI.

3. Thomas Hankins
   Course Fundamentals of Energy Auditing — 4 days
   Cost of Course $525
   Dates ~~March 25-28th~~ ~~16-19~~, 1985 — 5
   Location Univ WI., Madison WI.

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
WERNER, Richard K.	GS-11	444-44-8865

CHECK MAILING ADDRESS (Include ZIP Code): Rt.1,Box 158, Richlands, NC

DUTY PHONE NO.: 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): 001785 of 13 Feb 85, 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): $230.00, DOV M3372 850214 MCB, CLNC

1. ITINERARY (See Item 25 for Symbols)						2.	3. NUMBER OF MEALS		4.
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	COST OF LODGING	GOVT / DED*	OPEN MESS	POC MILES
19Feb	DEP	0645	Richlands,NC	PA					
19Feb	ARR	0700	Airport		AT				
19Feb	DEP	0745	Jacksonville,NC	CP					
19Feb	ARR	1205	Airport		AT				
19Feb	DEP	1300	Milwaukee, WI	CA					
19Feb	ARR	1345	Hotel		TD				
23Feb	DEP	1000	Milwaukee, WI	CA					
23Feb	ARR	1045	Airport		AT				
23Feb	DEP	1200	Milwaukee, WI	CA					
23Feb	ARR	1245	Hotel		AT				
24Feb	DEP	1000	Milwaukee, WI	CA					
24Feb	ARR	1045	Airport		AT				
24Feb	DEP	1120	Milwaukee, WI	CP					
24Feb	ARR	1800	Airport, J'ville		AT				

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

DATE	REQUIRED EXPLANATION	AMT CLAIMED	ALLOWED
19Feb	Cab from airport to motel	$15.00	
23Feb	Limo to and from airport/motel	13.00	
24Feb	Cab from motel to airport	15.00	

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. yng Morley

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	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

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME—FIRST NAME—MIDDLE INITIAL *(Print/Type)*
WERNER, Richard K.

I. ITINERARY

DATE 1985		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	H. FOR DO USE ONLY: COMPUTATIONS
24Feb	DEP	1845	Airport, J'Ville,NC	PA									
24Feb	ARR	1905	Home, Richlands, NC		MC								
	DEP												
	ARR												
	DEP												
	ARR												
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III. REIMBURSABLE EXPENSES

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1979—605-125

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			
19 Feb	45.51		6.50	22.47			4.00
20 Feb	46.62	6.23	7.60	16.42	6.77		4.00
21 Feb	46.62	5.58		24.67	6.77		5.00
22 Feb	46.62	6.23	6.72	17.00	2.52		4.00
23 Feb	46.62	5.25	5.37	22.47			6.00
24 Feb		6.23	8.00	14.50			6.00

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. WERNER *(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 Richard K. Werner Organization PWO Ext. 2213

From Camp Lejeune, NC To Milwaukee, Wisconsin and return to Richlands, NC

Dates of Travel 19 and 22 Feb 85 Dates of Training 20-22 Feb 85

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Leave Jacksonville, NC on 19 Feb at 1400 Arrive Milwaukee, WI at 1725 Leave Milwaukee, WI on 22 Feb at 1620 Arrive Jacksonville, NC at 2212	$344.00

Per Diem Estimate		Total Estimated Cost	
1/2 day 19 Feb	$37.50	Per Diem	$262.50
20-22 Feb	225.00	Travel	344.00
		Limousine Fees	25.00
	$262.50	Registration Fees	500.00 (to be billed)
		TOTAL	$1131.50

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 5 Feb 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 7 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 .

UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542

12570
CPD
28 Feb 85

FIRST ENDORSEMENT on TON 001785 dtd 13 Feb 1985 issued by Marine Corps Base, Camp Lejeune, NC 28542

From: Commanding General, Marine Corps Base, Camp Lejeune
To: Mr. Richard K. Werner, Public Works, Marine Corps Base, Camp Lejeune

Subj: TRAVEL ORDER NO. 001785; MODIFICATION OF

1. Subject travel order is hereby modified as follows:

a. Item 10a, Approximate No. of Days of TDY, delete "3 1/2" and insert "4."

b. Item 14, Estimated Cost, delete "$262.50" and insert "$300.00" in block entitled Per Diem.

c. Item 14, Estimated Cost, delete "$1131.50" and insert "$1169.00 in block entitled Total.

2. Modification requested due to administrative error. Employee was scheduled to return on 22 February and should have been scheduled to return on 23 February.

3. Due to inclement weather Mr. Werner did not return until 24 February. Request he be paid per diem to cover this extended time.

HOSEA HORNE, JR.
By direction

Copy to:
AC/S, COMP
BFISCAL
CPD, TRNG

A/S Compt w/ BG

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: 12 Feb 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Werner, Richard Keith 444-44-8865

3. POSITION TITLE AND GRADE OR RATING: Mechanical 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 Pump & Valve Selection for Optimum System Performance, Milwaukee, WI, 20-22 Feb 85

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 3 1/2

b. PROCEED O/A *(Date)*: 19 Feb 85

11. ITINERARY ☐ VARIATION AUTHORIZED

From Camp Lejeune, NC to Milwaukee, WI and return to Richlands, 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. XX PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ 262.50	$ 344.00	$ 500.00(reg fee) 25.00(limo fee)	$ 1131.50	$ 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. 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 these orders.
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. 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
1751106.2720	000	67001	0	067001	2D	001785	AA5 10 0476 3D22E
*1751106.2720	000	67001	0	067001	2D	001785	AA5 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: 13 Feb 85

22. TRAVEL ORDER NUMBER: 001785

DISBURSING OFFICE MCB CAMP LEJEUNE N.C. 28542 230.00 DOV 13 Feb 85 Lejeune N.C. 28542 230.00 CV DISBURSING OFFICE MCB CAMP LEJEUNE N.C. 28542 D.R. RUSH BY

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

MEMORANDUM ENDORSEMENT on your basic orders ORIGINAL

SE-43/ bf
4650.1
14FEB85

FROM: Traffic Management Officer
Marine Corps Base, Camp Lejeune, N.C. 28542-5000

CLNMTPI
.HDQXTPI 141502CLN27SU
1. [redacted] JACKSONVILLE, NC
1 PI 348Y 19FEB OAJCLT HK1 745A 828A CHARLOTTE, NC
2 PI 99Y 19FEB CLTORD HK1 858A 945A CHICAGO, IL
~~3 RC 471K 19FEB ORDMKE HK1 1035A 1105A MILWAUKEE, WI~~
4 XV 608K 23FEB MKEORD HK1 1107A 1144A CHICAGO, IL
5 PI 460Y 23FEB ORDOAJ HK1 105P 501P JACKOSNVILLE, NC
P- 1.CLN919 353 2122 SATO/TMO
T- T/14FEB
W-T-STORED/FARED
M- 1.FQ 109 YDG/60 K/70 K/109 YDG/TTL 348
2.BY 476
3.4442/LC/-/C/CT/M
4.1751106.2720/000/67001/0/067001/2D/001785/51004763D22E
5.SGR V4 905 105
6.TKT NO 030 5876 370 824/825

14FEB1503 0368 PBY

W D Lyon

PCS (TDY) TA FOR MAJOR B. H. MCNUTT, TMO

1. Scheduled Government Air not available to destination. If orders direct Government Air where available, obtain certification as to the availability prior to return.

2. There is no refund to traveler for unused tickets issued on Government T/Rs. ANY UNAUTHORIZED ADDITIONAL COSTS MUST BE PAID BY THE TRAVELER.

3. Report any lost tickets to the airline concerned, obtain a copy of the lost ticket report and present this with a statement to the closet military installation in accordance with MCO P4600.7C.

4. IF YOU EXCHANGE YOUR ORIGINAL TICKET FOR A TICKET OF LESSER VALUE, advise the carrier that the refund is payable to "U.S. TREASURER, PASSENGER TRAFFIC BRANCH, BLDG #233, CAMP LEJEUNE, N.C. 28542-5000".

SURRENDER ALL UNUSED TICKETS OR REFUND APPLICATIONS TO THE PASSENGER TRAFFIC BRANCH, BLDG #233, CAMP LEJEUNE, N.C. 28542-5000.

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER: M3372

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

850215

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
WERNER, R.K.	CIV	444 44 8865

4. ORGANIZATION AND STATION
PUBLIC WORKS, MCB, CLNC

5. TRAVEL ORDER
CG MCB CLNC TON 001785 dtd 850213

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:
PD ADV AUTH: $230.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	850214	$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
1751106.2720	000	67001/0	067001	1K	001785	5100476 3D22B	$230.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
SN				$230.00

DD FORM 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 REQUIRES 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. 001785

FOR Richard K. 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: ~~50%~~ 54% lodging, ~~42%~~ 39% meals, and ~~8%~~ 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.

MCBCL 12570

MILITARY PERSONNEL DELAYED ENROUTE

TO COMMANDING OFFICER:

2-24-85
(Date)

This is to certify that MR R WERNER who was
(Name and Rank)

a passenger on our Flight No. 608 from MILWAUKEE to CHICAGO

was: Cancelled [X]
Removed for priority [ ]
Delayed [ ]

24 hours at MILWAUKEE
(City)

Additional Remarks:* NO FLTS FROM MKE DUE TO WEATHER.

We sincerely regret this inconvenience and trust that this will serve as a satisfactory explanation of the delay in reporting for duty.

MISSISSIPPI
VALLEY AIRWAYS, INC.

By Nancy S. Regul
CUSTOMER SERVICE AGENT
(Title)

*Give details pertaining to re-routing of passenger, name of alternate carrier, departure and estimated arrival at destination, held over for later trip, etc. Indicate scheduled arrival on original reservation.

MVA 3 PRINTED IN U.S.A.

430	NAME	IN	OUT	RATE	ROOM TYPE	GTD.	6 P.M.	FOLIO NUMBER

STREET ADDRESS	CONV. CODE	
CITY STATE ZIP	NO. IN ROOM	
PUBLIC WORKS	ADVANCE DEPOSIT	TO FOLIO R-450534

MEMO	DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE	PICKUP
1	02/22/85	ROOM	42.00			
2	02/23/85	TAX	4.62		46.62 Y2	
3						46.62
4						
5	02/22/85	MOVI	6.04		52.66 Y22	
6	02/22/85	ADJ	430		46.62 Y2	
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24						
25						

CONTINUED

LAST AMOUNT IS BALANCE DUE ▲

HYATT REGENCY MILWAUKEE

333 WEST KILBOURN AVENUE
MILWAUKEE, WISCONSIN 53203 USA
414 276 1234

Kath Werner
GUEST'S SIGNATURE

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

FIRM PUBLIC WORKS
ATTENTION
STREET
CITY, STATE

1414	NAME [illegible], Richard	IN 2-20	OUT 2-23	RATE $42	ROOM TYPE SGL	GTD.	6 P.M.	FOLIO NUMBER T-11907

STREET ADDRESS: Rt 1 Box 158 | CONV. CODE:

CITY: Richland | STATE: WI | ZIP: 2857[illegible] | NO. IN ROOM:

ADVANCE DEPOSIT:

Gov't. Rate
128084

TO FOLIO

	MEMO	DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE	PICKUP
1		02/20/85	ROOM 1414	42.00			
2		02/20/85	TAX 1414	4.62		46.62 /76	46.62
3		02/21/85	ROOM 1414	42.00			
4		02/21/85	TAX 1414	4.62		93.24 /95	93.24
5							
6		02/22/85	ROOM 1414	42.00			
7		02/22/85	TAX 1414	4.62			
8		02/22/85	PHON 1414	.75		140.61 /85	
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

CONTINUED

LAST AMOUNT IS BALANCE DUE ▲

HYATT REGENCY MILWAUKEE

333 WEST KILBOURN AVENUE
MILWAUKEE, WISCONSIN 53203 USA
414 276 1234

Kevin Wayne
GUEST'S SIGNATURE

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

FIRM
ATTENTION
STREET
CITY, STATE

CK IN	ROOM	LAST NAME	FIRST	INITIAL	OUT	RATE	ROOMS	GUESTS	ARRIVAL TIME	
2/19	1902	WEBER, KEITH					1	1		12/85

FIRM	CK OUT	GUESTS	SPEC. REQUESTS (SUBJECT TO AVAILABILITY)
[illegible]	2[illegible]		min. $41.00 rate

STREET	G.S.A.	SHARING WITH	ARRIVAL
Route 1 Box 153			

CITY	STATE	ZIP	MADE BY	GROUP OR CONVENTION	RES. AGENT
Richlands	NC	28574	919-451-3218	CT/mkt	2/11 TW

I PLAN TO SETTLE MY ACCOUNT BY:

☐ CASH
☒ CREDIT CARD TYPE V

TYPE I.D.	IDENTIFICATION
TYPE I.D.	IDENTIFICATION

ADDRESS AND SIGNATURE VERIFICATION

ADDRESS

CITY STATE ZIP

SPECIAL INSTRUCTIONS → CHARGE ☐ ROOM ONLY ☐ ENTIRE ACCOUNT

REGARDLESS OF CHARGE INSTRUCTIONS, THE UNDERSIGNED GUEST ACKNOWLEDGES THE ABOVE AS A PERSONAL INDEBTEDNESS.
PLEASE NOTE THAT A SUBSEQUENT CHARGE TO YOUR CREDIT CARD WILL BE MADE FOR ANY CHARGES INCURRED THAT COULD NOT BE ITEMIZED AT TIME OF CHECKOUT.

GUEST'S SIGNATURE

X Keith Weber

297048

ASA1 DATE	REFERENCE	CHARGES	CREDITS	BALANCE	PICK-UP
02/19/85	ROOM 1902	41.00			C
02/19/85	TAX 1902	4.51		**45.51 /47	C*

$45.00

Keith Weber

DID YOU LEAVE YOUR KEY?

PAY LAST AMOUNT IN THIS COLUMN

ALL ACCOUNTS ARE PAYABLE WITHIN 10 DAYS. A CARRYING CHARGE OF 1½% PER MONTH (18% PER ANNUM) WILL BE ADDED TO OVERDUE ACCOUNTS.

CHARGE CODE EXPLANATION

MIS. 0 - GARAGE
MIS. 1 - VALET
MIS. 2 - BANQ. FOOD
MIS. 3 - BANQ. BEVERAGE
MIS. 4 - LAUNDRY
MIS. 5 - BAKERY
MIS. 6 - GAS

TO FOLIO_____

NCR Systemedia Group 96-53756-C

ISSUED BY
PIEDMONT AVIATION INC.

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS SET OUT ON THIS TICKET
0307

ENDORSEMENTS (CARBON)

NAME OF PASSENGER — NOT TRANSFERABLE
BERNER/R MR

PASSENGER'S COUPON
DATE OF ISSUE
00
18FEB85
TOUR CODE

ORIGIN
JACKSONVILLE I
DESTINATION
JACKSONVILLE NCPIEDMONT
ISSUED IN EXCHANGE FOR
DATE AND PLACE OF ORIGINAL ISSUE
CONJUNCTION TICKET(S)

0305876370825
CAMP LEJEUNE
27 DUNDO 1501
22 1A1912
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
D	CHI OHARE	PI	460	V	23FEB	105P	OK	VDO			
	JACKSONVILLE NC										
	TO --VOID--										
	TO --VOID--										
	TO --VOID--										

BAGGAGE CHECKED / UNCHECKED — PCS. / WT. / UNCK. WT.

FORM OF PAYMENT
**SOKV4905105/LC/-/C/CT/M

FARE 322.22 — FARE CALCULATION: OAJORD 109 ORDNKE 60 MKEORD 7
TAX 25.78 — 0 ORDOAJ 109
TAX
TOTAL 348.00
EQUIV. FARE PD.
A/L-AGT. INFO 0307/
CONTROL NO.

CPN | AIRLINE CODE | FORM | SERIAL NUMBER | CK
030 5876370825 3 □

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM/TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS

ISSUED BY
PIEDMONT AVIATION INC.

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS SET OUT ON THIS TICKET
0307

ENDORSEMENTS (CARBON)

NAME OF PASSENGER — NOT TRANSFERABLE
BERNER/R MR

PASSENGER'S COUPON
DATE OF ISSUE
00
18FEB85
TOUR CODE

ORIGIN
JACKSONVILLE I
DESTINATION
JACKSONVILLE NCPIEDMONT
ISSUED IN EXCHANGE FOR
DATE AND PLACE OF ORIGINAL ISSUE
CONJUNCTION TICKET(S)

0305876370824
CAMP LEJEUNE
27 DUNDO 1501
22 1A1912
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	PI	348	Y	19FEB	745A	OK	VDO			
K	TO CHARLOTTE	PI	88	Y	19FEB	855A	OK	YDO			
O	TO CHI OHARE	AC	471	K	19FEB	1039A	OK	K			
O	TO MILWAUKEE	XV	608	K	23FEB	1107A	OK	K			
	TO CHI OHARE										

BAGGAGE CHECKED / UNCHECKED — PCS. / WT. / UNCK. WT.

FORM OF PAYMENT
**SOKV4905105/LC/-/C/CT/M

FARE 322.22 — FARE CALCULATION: OAJORD 109 ORDNKE 60 MKEORD 7
TAX 25.78 — 0 ORDOAJ 109
TAX
TOTAL 348.00
EQUIV. FARE PD.
A/L-AGT. INFO 0307/
CONTROL NO.

CPN | AIRLINE CODE | FORM | SERIAL NUMBER | CK
030 5876370824 2 □

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 KEITH	GS-11	444 44 8965

CHECK MAILING ADDRESS (Include ZIP Code): R+1 Box 158 RICHLANDS NC

DUTY PHONE NO.: 3228

ORGANIZATION AND STATION: PUBLIC WKS DIV. MCB CAMP LEJEUNE NC

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 001785 dtd 12 FEB 85 MCB CAMP LEJEUNE NC

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

1. ITINERARY (See Item 25 for Symbols)

DATE 19 5		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
19 FEB	DEP	0645	RICHLANDS, NC	PA						
19 FEB	ARR	0700	AIRPORT		AT					
19 FEB	DEP	0745	JACKSONVILLE, NC	CP						
19 FEB	ARR	1205	AIR PORT		AT					
19 FEB	DEP	1300	MILWAUKEE WI	CA						
19 FEB	ARR	1345	HOTEL		TD					
23 FEB	DEP	1000	MILWAUKEE, WI	CA						
23 FEB	ARR	1045	AIRPORT		AT					
23 FEB	DEP	1200	MILWAUKEE, WI	CA						
23 FEB	ARR	1245	HOTEL		AT					
24 FEB	DEP	1000	MILWAUKEE WI	CA						
24 FEB	ARR	1045	AIR PORT		AT					
24 FEB	DEP	1120	MILWAUKEE WI	CP						
24 FEB	ARR	1800	AIR PORT JACKSONVILLE NC		ME	AT				

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
24 FEB	PAT Home		
24 FEB	~~1845~~ 1845 1905		

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	

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.

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			
19 FEB	45.91		6.50	22.47		15.00 Rental	4.00
20 FEB	46.62"	6.23	7.60	16.42	6.77		4.00
21 FEB	46.62"	5.58		24.67	6.77		5.00
22 FEB	46.62"	6.23	6.22	12.00	2.52		4.00
23 FEB	46.62"	5.25	5.37	22.47		13.00 Rental	6.00
24 FEB		6.23	8.00	14.50		15.00 Rental	6.00

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, _____ 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

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
WERNER, Richard K.	GS-11	444-44-8865

CHECK MAILING ADDRESS (Include ZIP Code)	DUTY PHONE NO.
Rt. 4, Box 282, Richlands, NC	3238

ORGANIZATION AND STATION

Public Works Division, MCB, Camp Lejeune, NC

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

006165 dtd 25Jun85 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)

$823.00 M9096 17Jul85 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
19Jul	DEP	1800	Home, Richlands	PA					
21Jul	ARR	1800	Hotel		TD				
27Jul	DEP	0900	Madison, WI	PA					
28Jul	ARR	1800	Marlow, OKLA		LV				
2Aug	DEP	1600		PA					
4Aug	ARR	1900	Home		MC				
	DEP		Richlands, NC						
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
21Jul	Travelers' Checks	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

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

Energy Money

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: RICHARD K. WERNER — 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:1983-0-609-634/162

JS 028

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			
21Jul	57.12	5.48	6.37	18.57			4.00
22Jul	57.12	5.48	8.87	22.67	8.50		
23Jul	57.12	4.67	8.87	25.00			
24Jul	57.12	4.67	6.37	19.50			
25Jul	57.12	5.89	5.97	16.34	12.37		
26Jul	57.12	5.48	6.37	23.42			
27Jul		4.67	6.58	12.33			4.00

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. WERNER 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

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. 006165

FOR Richard Werner SSN: 444-44-8865

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.

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Richard Weiner Organization PWD Ext. 2213

From Richlands, NC To Madison, WI & Rtn

Dates of Travel 21 & 27 Jul 85 Dates of Training 22-26 Jul 85

Maximum Per Diem Allowed in Accordance with JTR $75

Schedule

Lv Jax, NC 21 Jul at 0745
Arr Madison, WI at 1538
Lv Madison, WI 27 Jul at 1110
Arr Jax, NC 2214

Cost - Round Trip

$418.00

Per Diem Estimate

3/4 day 21 Jul $ 56.25
22-27 Jul 450.00
506.25

Total Estimated Cost

Per Diem	506.25
Travel	418.00
Limousine Fees	25.00
Registration Fees	790.00 (to be billed)
TOTAL	1739.25

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 760.00 .

☐ 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 18 3/4 . 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 .

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 Jun 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Werner, Richard 444-44-8865

3. POSITION TITLE AND GRADE OR RATING: Mechanical 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 Air Conditioning Design-Industrial Facilities, Madison, WI

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 6 3/4

b. PROCEED O/A *(Date)*: 21 Jul 85

22-26 Jul 85

DISBURSING OFFICE, MCB
CAMP LEJEUNE, NC 28542
DATE JUL 17 1985
DVA DE LIQUIDATION

11. ITINERARY: From Richlands, NC to Madison, WI and return

☐ VARIATION AUTHORIZED

Mileage
PerDiem $823.00
DepTvl
DLA
SelfMove
LessADV TA $823.00
TOTAL
DOV M4096 CV
SIM 5190
D. R. RUCH
BY:

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
$ 506.25	$ 418.00	$ *190.00(reg fee) 25.00(limo fee)	$ 1739.25

15. ADVANCE AUTHORIZED: $ 760.00

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 4 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
1751106.2720	000	67001	0	067001	2D	006165	AA5 10 0476 3D22E
*1751106.2720	000	67001	0	067001	2D	006165	AA5 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: 25 Jun 85

22. TRAVEL ORDER NUMBER: 006165

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)*	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
850716

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
WERNER, Richard	GS-11	444448865

4. ORGANIZATION AND STATION

Public Works, MCB, Camp Lejeune, N.C.

5. TRAVEL ORDER

006165

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

Adv Mileage @ 100% = $418.00
Adv Per Diem @ 80% = $405.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
		$823.00***	850716	

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, DisbO	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
1751106.2720	000	67001 0	067001	1K	006165	51004763D22E	$823.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
K P FLORIAN				$823.00***

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

ROOM	LAST NAME	FIRST	INITIAL			GROUP I.D./SPECIAL PROGRAM
724	Werner Keith(x2) cc			21	27	CW

NO PARTY	STREET ADDRESS	ARR	DEPT	TAX EX.#
2	R t4 Box282			X

RATE	CITY	STATE	ZIP		K/O	K/I
51	Richlands	NC	28574			

CLERK	PHONE	ADVANCE DEPOSIT
JC	( )	

BALANCE FORWARD

1 DIRECT BILLING INFO:

27 GUEST SIGN.

28 _____

HOWARD JOHNSON'S
EXECUTIVE HOTEL

525 WEST JOHNSON STREET
MADISON, WISCONSIN 53703

(608) 251-5511

FOLIO NUMBER
12307

☆ 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
WERNER, RICHARD, K.	GS-11	444-44 8865

CHECK MAILING ADDRESS (Include ZIP Code): R+4 Box 282 RICHLANDS, NC

DUTY PHONE NO.: 3238

ORGANIZATION AND STATION: PUBLIC WORKS

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)

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
19 JULY	DEP	1800	HOME RICHLAND NC	PA						
21 JULY	ARR	1900	HOTEL		TD					
27 JULY	DEP	0900	MADISON WISCONSIN	PA						
28 JULY	ARR	1800			LV					
2 AUG	DEP	1600	MARLOW, OKLA	PA						
4 AUG	ARR	1980	HOME		MC					
	DEP		RICHLANDS, N.C.							
	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 Long distance telephone calls are certified as necessary in the interest of the Government.

APPROVING OFFICER (31 USC 686a)

7. TRS/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

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.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1979—605-125

D573[illegible]

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			
21 JULY	57.12	5.48	6.37	18.57		BELL BOY 4.00	TRAVEL CHECKS 7.50
22 JULY	57.12	5.48	8.87	22.67	8.50		
23 JULY	57.12	4.67	8.87	25.00			
24 JULY	57.12	4.67	6.39	19.50			
25 JULY	57.12	5.89	5.97	16.34	12.37		
26 JULY	57.12	5.48	6.37	23.42			
27 JULY		4.67	6.58	12.33		BELL BOY 4.00	

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, _____ 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

18 June 1985

Nola,

Employee desires to drive his POV. He understands that he will be paid only for the amount that it would cost him to fly (including meals), and that any additional time required will be charged to annual leave.

Thanks,
Sue Jarman
Sue Jarman
Public Works

From: Public Works Officer, Marine Corps Base, Camp Lejeune, NC

To: Civilian Personnel Officer (ATTN: Training Division)

Subj: Travel Orders for Richard K. Werner
Address Rt. 4, Box 282
Richlands, NC 28574

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 Conditioning Design - Industrial Facilities" course

Government Sponsored: [ ] Yes [X] No

*Mode of Transportation Preference: POV

Location of Training Site: Madison, WI

Type of Quarters: BOQ [ ] Available [X] Not Available
Commercial

Date and Time Training Begins: 22 July 1985, 0800

Date and Time Training Ends: 26 July 1985, 1700

Registration Fee or Tuition Involved: Yes XXX Amount $790.00

Employee is [X] Exempt or [ ] Nonexempt under the Fair Labor Standards Act.

E. L. ROUSE, Public Works Officer, 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 (XXXXX (will not) operate a Government owned vehicle for the purpose of performing travel required by temporary duty.

Richard K Werner
RICHARD K. WERNER
(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 (Organizational Identifier) 85 (FY) TG (Doc. type code) 00173 (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) 03
Indicate preferred title (example - Miss, Mrs., Mr., Ms., LTC, etc.)
Werner, Richard K.

2. Social Security Number 04: 444-44-8865

3a. Organization Unit Identification Code (UIC): 67001

b. Date of birth (Year, Month) 05

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

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

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function
Mechanical Engineer

11b. Handicapped? YES NO

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator
GS | 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
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
35550

b. Course title or training services
Air Conditioning Design - Industrial Facilities

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period (6 digits) 06

	Year	Month	Day	c. Record ID
a. Start	85	07	22	
b. Complete	85	07	26	

19. Course hours per person (4 digits) 07

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

20. PART I – training codes (see instructions)

	Code		Code	
a. Purpose	4	08 c. Source	6	10
b. Type		09 d. Special Interest	0	11
e. Priority	2	h. Training program	Z	
f. Training level	3	i. Reason for selec.	2	
g. Method of training	7	j. Method of eval.	4	

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.)

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: $ 790 dollars 00 cents

b. Tuition cost per person: $ 790 dollars 00 cents

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

d. Funding source: C

e. Accounting classification for direct costs
AA5 10 0483 1022Q

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 per person: $ dollars cents

c. Per diem/other costs per person: $ 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, Design Director
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: 11 Mar 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: 11 Mar 85

Section F – CERTIFICATION OF TRAINING COMPLETION

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

a. Actual completion date: Year | Month | Day

b. Grade

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 voluntar**ily 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

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

Special Energy Monies

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.*): WERNER, Richard K.

First 5 letters of last name 03

2. Social Security Number 04: 444-44-8865

3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 (Year, Month)

4. Home address (*Optional - to notify in case of emergency*)
Rt. 1, Box 158
Richlands, NC

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
Bldg. 1005, Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext
919-451-3238

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- 1 803 11 4

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.*) ☐ (*If not required, use for remarks.*)
The Wisconsin Center Guest House
(Lowell Hall)
610 Langdon Street, Madison, WI

16a. Training Type/ Subject Area Identifier

b. Course title or training services: Air Conditioning Design - Industrial Facilities

c. Dispute code

17a. Catalog/Course No.

b. Offering

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

a. Start: 85 07 22

b. Complete: 85 07 26

c. Record ID

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

a. During duty: 37 1/2

b. Non-duty:

c. TOTAL: 37 1/2

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 $ 790 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*): E. L. ROUSE, Design Director

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*)

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.

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

Additional Trng Money

LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
HANKINS, Thomas H., Jr.	GS-12	224-24-5063

CHECK MAILING ADDRESS (Include ZIP Code): Box 195, Holly Ridge, NC 28445

DUTY PHONE NO.:

ORGANIZATION AND STATION: Public Works Division, MCB, Camp Lejeune, NC

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 006175 dtd 25Jun85 MCB CLNC w/1st end dtd 2Jul85

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state): $593.00 M8915 850715 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
13Jul	DEP	0500	Holly Ridge, NC	PA					
13Jul	ARR	1130	Norfolk, VA		LV				
16Jul	DEP	1215	Lodging	PA					
16Jul	ARR	1245	Norfolk Airport		AT				
16Jul	DEP	1334		CP					
16Jul	ARR	1537	Chicago, Ill		AT				
16Jul	DEP	1700		CB					
16Jul	ARR	2000	Madison, WI		AT				
16Jul	DEP	2010	Bus Station	CA					
16Jul	ARR	2020	Madison, WI		TD				
19Jul	DEP	0440	Lodging	CA					
19Jul	ARR	0490	Madison, WI		AT				
19Jul	DEP	0500	Bus Station	CB					
19Jul	ARR	0815	Chicago, ILL		AT				

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
12Jul	Travelers Checks	6.00	
16&21Jul	Tunnel Fees	.50	
13&21Jul	PA rd trip Holly Ridge, NC to Norfolk, VA 460 miles	94.30	

SUMMARY OF PAYMENT

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

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

APPROVING OFFICER (31 USC 680a)

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

NUMBER	FROM	TO
None		

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

8. LEAVE STATEMENT: 1 days 4 hours taken between 7-15-85d 7-16-85

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: THOMAS H. HANKINS, JR.

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

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME—FIRST NAME—MIDDLE INITIAL *(Print/Type)*

HANKINS, THOMAS H., JR.

I. ITINERARY

DATE 19 85		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
19Jul	DEP	1115	Chicago, ILL	CP								
19Jul	ARR	1845	Norfolk, VA		AT							
19Jul	DEP	1900	Airport	PA								
19Jul	ARR	1930	Norfolk, VA		LV							
21Jul	DEP	1430	Lodging	PA								
21Jul	ARR	2000	Holly Ridge, NC		MC							
	DEP											
	ARR											
	DEP											
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	DEP											
	ARR											
	DEP											
	ARR											

II. FOR DO USE ONLY

COMPUTATIONS

III. REIMBURSABLE EXPENSES

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED
16&19Jul	PA from lodging to airport & return	10.66	
16&19Jul	Norfolk, VA Airport Parking	3.00	
16&19Jul	CP from Norfolk, VA to Chicago roundtrip	238.00	
16&19Jul	Airport Locker	3.00	
16&19Jul	CB from Chicago to Madison & return	24.00	
16&19Jul	Taxi - Bus to Lodging & return	6.00	

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

S/N 0102-LF-013-2803

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
HANKINS, THOMAS H., Jr.	GS-12	224-24-5063

CHECK MAILING ADDRESS (Include ZIP Code): Box 195, Holly Ridge, NC 28445

DUTY PHONE NO.: 3238

ORGANIZATION AND STATION: Public Works Division, MCB, Camp Lejeune, NC

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 006175 dtd 25Jun85 MDB-CLNC w/1st end dtd 2Jul85

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state): $593.00 M8915 850715 MCB CLNC

1. ITINERARY

DATE JUL 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	COST OF LODGING	NUMBER OF MEALS GOVT / DED.	NUMBER OF MEALS OPEN MESS	POC MILES
13	DEP	0500	HOLLY RIDGE N.C	PA					
13	ARR	1130			LV				
16	DEP	1215	NORVA LODGING	PA			DED.	MESS	
16	ARR	1245	NORVA AIRPORT		AT				
16	DEP	1324		CP					
16	ARR	1537			AT				
16	DEP	1700	CHICAGO IL	CB					
16	ARR	2000	MADISON BUS STA		AT				
16	DEP	2010		CA					
16	ARR	2020	MADISON LODGING		TD				
19	DEP	0440		CA					
19	ARR	0450	MADISON BUS. STA		AT				
19	DEP	0500		MB					
19	ARR	0815			AT				
19	DEP	1115	CHICAGO IL	CP					
19	ARR	1845	NORVA AIRPORT		AT				
19	DEP	1900		PA					
19	ARR	1920	NORVA LODGING		LV				
21	DEP	1430		PA					
21	ARR	2000	HOLLY RIDGE N.C.		MC				
	DEP								
	ARR								

460 MILES @ .20.5

16&19	PA LODGING TO AIRPORT & RETURN	10.66
16&19	NORVA AIRPORT PARKING	3.00
16&19	CP NORVA TO CHICAGO ROUND TRIP	238.00
16&19	AIRPORT LOCKER	3.00
16&19	CB CHICAGO TO MADISON & RETURN	24.00
16&19	TAXI — BUS TO LODGING & RETUN	6.00

	6.00
	.50
NORVA	
	94.30

FOR DO USE ONLY

DD VOUCHER NO.

SUBVOUCHER NO.

PAID BY

COMPUTATIONS

F PAYMENT

ces

ss

☐ CASH

EQUESTED

Title 18, Section 287.)

DATE

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.

S/N 0102—LF—013—2803

10 FOR DO USE ONLY
DO VOUCHER NO
SUBVOUCHER NO.
PAID BY

1. ITINERARY (See Item 20 for Symbols)

DATE JULY 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
13	DEP	0500	HOLLY RIDGE N.C	PA	
13	ARR	1130	NORVA		LV
16	DEP	1334		CP	
16	ARR	1537	CHICAGO IL		AT
16	DEP	1700		CB	
16	ARR	2000	MADISON WI		TD
19	DEP	0500		CP	
19	ARR	0815	CHICAGO IL		AT
19	DEP	1115		CP	
19	ARR	1845	NORVA		LV
21	DEP	1430		PA	
21	ARR	2000	HOLLY RIDGE N.C.		MC
	DEP				
	ARR				

2. COST OF LODGING

3. NUMBER OF MEALS — GOVT / DED* / OPEN MESS

4. POC MILES

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
12	TRAVELERS CHECKS	6.00	
16&21	TUNNEL FEES	.50	
13&21	PA ROUND TRIP HOLLY RIDGE N.C. TO NORVA 460 MILES @ .205	94.30	
16&19	PA LODGING TO AIRPORT & RETURN	10.66	
16&19	NORVA AIRPORT PARKING	3.00	
16&19	CP NORVA TO CHICAGO ROUND TRIP	238.00	
16&19	AIRPORT LOCKER	3.00	
16&19	CB CHICAGO TO MADISON & RETURN	24.00	
16&19	TAXI — BUS TO LODGING & RETUN	6.00	

F PAYMENT

ces

ss

☐ CASH

EQUESTED

Title 18, Section 287.)

DATE

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—605-125 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			
13 July		3.50	4.85				
14 July			5.25	9.35			
15 July			4.75	9.75			
16 July	27.00	4.75	6.85	18.95			3.50
17 July	27.00	5.75	7.75	.75	3.50		3.50
18 July	27.00	5.25	5.75	19.25			3.50
19 July		6.35	7.25	20.65			
20 July				19.95			
21 July			4.25	10.75			

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, THOMAS H. HANKINS, JR. 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

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

1 LAST NAME - FIRST NAME - MIDDLE INITIAL *(Print/Type)*: HANKINS, THOMAS H., Jr.

GRADE/RANK: GS-12

SSN: 224-24-5063

CHECK MAILING ADDRESS *(Include ZIP Code)*: Box 195, Holly Ridge, NC 28445

DUTY PHONE NO.: 3238

ORGANIZATION AND STATION: Public Works Division, MCB, Camp Lejeune, NC

TRAVEL ORDERS *(Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)*: 006175 dtd 25Jun85 MDB CLNC w/1st end dtd 2Jul85

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS *(Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state)*: $593.00 M8915 850715 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
13Jul	DEP	0500	Holly Ridge, NC	PA					
16Jul	ARR	1800	Madison, WI		TD				
19Jul	DEP	0500		PA					
21Jul	ARR	2000	Holly Ridge, NC		MC				
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
12 July	Travelers' Checks	$6.00	

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: 1 days 4 hours taken between 7-15-85 and 7-16-85

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: THOMAS H. HANKINS, JR.

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:1983-0-609-634/162

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			
16 Jul	$27.00		$6.85	$18.95			$3.50
17 July	27.00	$5.75	7.75	.75	3.50		3.50
18 July	27.00	5.25	5.75	19.25			3.50
19 July		6.35	7.25	20.65			

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, THOMAS H. HANKINS, JR. 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

ROOM	HANKINS, THOMAS H. 91709
2-1	

MONTH OF	ARRIVE	DEPART	NO. DAYS	RATE	CONFERENCE
7	16	18	3	27.00	misc.

	CHARGES	DATE	CREDIT
BOARD:			
PARKING:			
SUBTOTAL			
STATE SALES TAX			
TOTAL TAXABLE			
ROOM:	81 00		
TOTAL	81 00	PAID	
		7/16	
DUE FROM CUSTOMER			
DUE FROM CONFERENCE			

NAME: THOMAS H. HANKINS JR

STREET ADDRESS: PO BOX 195

CITY: HOLLY RIDGE STATE: N.C ZIP: 28445 DATE: 16 Jul 85

WISCONSIN CENTER
GUEST HOUSE • 610 LANGDON • MADISON, WI • 53706

UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542

12570
CPD
2 Jul 85

FIRST ENDORSEMENT on TON 006175 dtd 25 Jun 1985 issued by Marine Corps Base, Camp Lejeune, NC 28542

From: Commanding General, Marine Corps Base, Camp Lejeune
To: Mr. Thomas H. Hankins, Public Works, Marine Corps Base, Camp Lejeune

Subj: TRAVEL ORDER NO. 006175; MODIFICATION OF

1. Subject order is hereby modified as follows:

a. Item 12, Mode of Transportation, delete "XX" in block entitled Commercial Air and insert "XX" in block entitled 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.

b. Item 16, delete "Items 1 and 6 of the attached Statement of Instructions apply to these orders" and insert "Items 4 and 6 of the attached Statement of Instructions apply to these orders."

2. Modification requested by traveler.

Adam C. Mattocks
ADAM C. MATTOCKS
By direction

Copy to:
AC/S, COMPT
BFISCAL
CPD (TRNG)

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 Jul 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Hankins, Thomas H., JR. 224-24-5063

3. POSITION TITLE AND GRADE OR RATING: Mechanical 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 Leaking Underground Storage Tanks training course, Madison, WI 17-18 Jul 85

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 3 1/4

b. PROCEED O/A *(Date)*: 16 Jul 85

DISBURSING OFFICE, CAMP LEJEUNE, NC 28542
DATE OF ADVANCE LIQUIDATION
MAR 82 Per Dep TM
Dep TM
DLA
Self Move
Less Adv TA
Total
DAV
SYM 5190
D. R. RUCH
BY

11. ITINERARY ☐ VARIATION AUTHORIZED

From Camp Lejeune, NC to Madison, WI and return to Holly Ridge, NC

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

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.

☐ 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
$ 243.75	$ 378.00	*$350.00(reg fee) $25.00(limo fee)	$ 996.75

15. ADVANCE AUTHORIZED: $ 215.00

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 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
1751106.2720	000	67001	0	067001	2D	006175	AA5 10 0476 3D22E
*1751106.2720	000	67001	0	067001	2D	006175	AA5 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: 25 Jun 85

22. TRAVEL ORDER NUMBER: 006175

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

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. 006175

FOR Thomas Hankins SSN: 224-24-5063

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.

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Thomas H. Hankins, Jr. Organization Public Works Ext. 2213

From Camp Lejeune, NC To Madison, WI & Stn to Holly Ridge NC

Dates of Travel 16 & 19 Jul 85 Dates of Training 17-18 Jul 85

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Lv Jax. NC 16 Jul at 1400 Arr Madison, WI at 1735 Lv Madison, WI on 19 Jul at 1109 Arr Jax, NC at 1702	$ 378.00

Per Diem Estimate		Total Estimated Cost	
½ day 16 Jul	37.50	Per Diem	243.75
17-18 Jul	150.00	Travel	378.00
¾ day 19 Jul	56.25	Limousine Fees	25.00
	243.75	Registration Fees	350.00 (TO BE BILLED)
		TOTAL	996.75

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☑ 1. Advance - maximum that can be authorized is $ 215.00 .

☑ 2. Reservations - make reservations with Passenger Transportation, extension 1971. RESERVATIONS MADE 18 Jun 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 1½ . 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)*	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
850715

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
HANKINS Jr, Thomas H	GS-12	224 24 50 63

4. ORGANIZATION AND STATION
Public Works, MCB CLNC 28542

5. TRAVEL ORDER
ton# 006175 dtd 24JUL85

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:
adv auth 593.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	850712	$593.00		

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
1751106.2720	000	67001/0	067001	1K	006175	5100476 3D22E	$593.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
meb				$593.00

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

S/N 0102—LF—013—2803

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
HANKINS, THOMAS H., JR.	GS-12	224-24-5063

CHECK MAILING ADDRESS (Include ZIP Code): BOX 195, HOLLY RIDGE, N.C. 28445

DUTY PHONE NO: 3238

ORGANIZATION AND STATION: PUBLIC WORKS DISION DIVISION, MCB CLNC

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 006175 DTD 24 MAR85 MCB CLNC MODIFIED 2 JULY 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)

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
13 JULY	DEP	0500	HOLLY RIDGE NC	PA					
16 JULY	ARR	1800	MADISON WI		TD				
19 JULY	DEP	0500		PA					
21 JULY	ARR	2000	HOLLY RIDGE NC.		MC				
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
7/12/85	$600 TRAVLERS CHECKS	6.00	

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 686a)

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

NUMBER	FROM	TO

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

8. LEAVE STATEMENT: 1 day 4 hours taken between 7-15-85 and 7-16-85

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.

* U.S. GPO: 1983-0-603-634/162

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			
16 JULY	27.00		6.85	18.95			3.50
17 JULY	27.00	5.75	7.75	0.75	3.50		3.50
18 JULY	27.00	5.25	5.75	19.25			3.50
19 JULY		6.35	7.25	20.65			

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 1351-3 S/N 0102-LF-013-3300

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
HANKINS, THOMAS H.	GS-12	224-24-5063

CHECK MAILING ADDRESS (Include ZIP Code): Box 195, Holly Ridge, NC 28445

DUTY PHONE NO.: 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): 003415 dtd 20 Mar 85 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): $350.00 M4418 850325 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
23Mar	DEP	0900	Holly Ridge, NC	PA						235
23Mar	ARR	1400	Norfolk, VA		AT					
24Mar	DEP	1045		CP						
24Mar	ARR	1154	Chicago, ILL		AT					
24Mar	DEP	1630		CP						
24Mar	ARR	1715	Madison, WI		TD					
29Mar	DEP	0700		CB						
29Mar	ARR	1030	Chicago, ILL		AT					
29Mar	DEP	1150		CP						
29Mar	ARR	1403	Pittsburgh, PA		AT					
29Mar	DEP	1600		CP						
29Mar	ARR	1704	Norfolk, VA		LV					
31Mar	DEP	1000		PA						
31Mar	ARR	1500	Holly Ridge, NC		MC					235

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
22 Mar	Travelers Checks	4.00	
23 Mar	Tunnel Fee	.25	
24,29Mar	Airport Parking	1.50	
29Mar	Bus Ticket fr Madison to Chicago	12.00	

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. Special Enemy Money

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: THOMAS H. HANKINS, JR. 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 OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME—FIRST NAME—MIDDLE INITIAL *(Print/Type)*

I. ITINERARY

DATE 19	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
	DEP											
	ARR											
	DEP											
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H. FOR DO USE ONLY

COMPUTATIONS

III. REIMBURSABLE EXPENSES

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED
24 Mar	Paid $20 on round trip fare from Norfolk, VA in	10.00	
	lieu of Jacksonville. Since round trip was not		
	used, $10.00 is reimbursable		
29 Mar	Tunnel Fee	.25	

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

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER: M4118

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
MCB CLNC
SYM 5190
8503

25

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
HANKINS T	CIV	224245063

4. ORGANIZATION AND STATION
MCB CLNC PUBLIC WORKS

5. TRAVEL ORDER

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:
PD ADV PER DIEM $350.00 AS AUTHORIZED

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	3/22	$350.00		

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
1751106.2720	000	67001/0	067001	1K	003415	S1004843D22E	$350.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID

$350.00

1530/1 3/21 A/S Comptr ltr Attn

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: 19 Mar 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Hankins, Thomas 224-24-5063

3. POSITION TITLE AND GRADE OR RATING: Mechanical Engineer, GS-12

4. OFFICIAL STATION: Marine Corps Base, Camp Lejeune, NC

5. ORGANIZATIONAL ELEMENT: Public Works

6. PHONE NO.: 3658

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend Fundamentals of Energy Auditing, Madison, WI., 25-28 Mar 85

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 5 1/2

b. PROCEED O/A *(Date)*: 24 Mar 85

DISBURSING OFFICE MCB, CAMP LEJEUNE, N.C. 28542 LIQUIDATION 330.00 ADVANCE Mileage Per Diem Dep Tvl DLA 150.00

11. ITINERARY ☐ VARIATION AUTHORIZED

From Holly Ridge, NC to Madison, WI and return

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	
	XX				Total M 1478		RATE PER MILE

DOV SYM 5450 D.R. RUCK BY: [signature]

☐ 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. XX 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	$ 368.00	*$525.00(reg) $ 25.00(limo)	$ 1330.50	$ 350.00

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 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
1751106.2720	000	67001	0	067001	2D	003415	AA51004843D22E
*1751106.2720	000	67001	0	067001	2D	003415	AA510048510220

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 Mar 85

22. TRAVEL ORDER NUMBER: 003415

FORM 1610 1 JUN 67 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Thomas Hankins Organization PWO Ext. 3658

From Holly Ridge, NC To Madison, WI and return

Dates of Travel 24 and 29 Mar 85 Dates of Training 25-28 Mar 85

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Leave Jacksonville, NC on 24 Mar at 0745 Arrive Madison, WI at 1220 Leave Madison, WI on 29 Mar at 1110 Arrive Jacksonville, NC at 1701	$368.00

Per Diem Estimate		Total Estimated Cost	
3/4 day 24 Mar	$ 56.25	Per Diem	$412.50
25-28 Mar	300.00	Travel	368.00
3/4 day 29 Mar	56.25	Limousine Fees	25.00
		Registration Fees	525.00 (to be billed)
	$412.50	TOTAL	$1330.50

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 350.00 .

☒ 2. Reservations - make reservations with Passenger Transportation, extension 1971.
RESERVATIONS MADE 15 Mar 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 1/4 . 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 .

S/N 0102—LF—013—2803

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
HANKINS, JR THOMAS H.	GS/12	224-24-5063

CHECK MAILING ADDRESS (Include ZIP Code): P.O. BOX 195 HOLLY RIDGE N.C. 28445

DUTY PHONE NO: 451-3238

ORGANIZATION AND STATION: PUBLIC WORKS CLNC.

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)

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
MARCH 23	DEP	0900	HOLLY RIDGE NC	PA					
"	ARR	1400	NORVA		AT				235
MARCH 24	DEP	1045		CA					
MARCH 24	ARR	1154	CHICAGO		AT				
"	DEP	1630		CA					
"	ARR	1715	MADISON		TD	173.60			
MARCH 26	DEP	0700		CB					
"	ARR	1030	CHICAGO		AT				
"	DEP	1150		CA					
"	ARR	203	PITTSBURGH, PA		AT				
"	DEP	400		CA					
"	ARR	504	NORVA		LV				
MARCH 31	DEP	1000		PA					
MARCH 31	ARR	1500	HOLLY RIDGE N.C		MC				235

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
3-22	TRAVLERS CHECKS	4.00	
3-23	TUNNEL FEE	.25	
3-24	AIR PORT PARKING	.75	
3-29	AIRPORT PARKING	.75	
3-29	BUS TICKET MAD TO CHIC	12.00	
3-24	PD 20 ON ROUND TRIP FARE FROM NORVA IN LIEU OF JACKSONVILLE SINCE ROUND TRIP WAS NOT USED $10.00 IS REIMBURSABLE	10.00	
3-29	TUNNEL FEE	.25	

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

...ENT 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.

PAID $20.00 ON ROUND FARE TICKET NORVA TO MAD WI. SINCE ROUND TRIP WAS NOT USED $10.00 IS REIMBURSABLE

★U.S.GPO:1983-0-705-949/228

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			
24 Mar	34.72	4.45	8.60	14.85		11.00	7.50
25 Mar	34.72	4.70	5.65	17.75	2.65		3.50
26 Mar	34.72	4.80	4.45	16.85	4.45		3.50
27 Mar	34.72	5.50	6.85	15.35	2.65		3.50
28 Mar	34.72	6.60	6.45	17.25	2.00	4.00	3.50
29 Mar		5.60	7.65	12.75			5.50

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, THOMAS H. HANKINS, 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

DATE

DD FORM 1 JAN 78 1351-3 S/N 0102-LF-013-3300

☆ U S GPO 1983-0-609-634/162

JS 028

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			
MARCH 24	34.72	4.45	8.60	14.85		11.00	7.50
25	34.72	4.70	5.65	17.75	2.65		3.50
26	34.72	4.80	4.45	16.85	4.45		3.50
27	34.72	5.50	6.85	15.35	2.65		3.50
28	34.72	6.60	6.45	17.25	2.00	4.00	3.50
29		5.60	7.65	12.75			5.50

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, _____ 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

ISSUED BY **USAIR** PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

RECEIPT

ISSUED BY **USAIR**

NAME OF PASSENGER: HANKINS/TMR

NAME OF PASSENGER: HANKINS/TMR — NOT TRANSFERABLE

PNR/CARRIER CODE: SLBM1R/AI — NO. 0 OF 0 — SERV CARR ID: 0372 — TRANSMISSION CONTROL NO.: 2100099750

ISSUING AIRLINE/AGENT: USAIR — DATE OF ISSUE: 29MAR85 — NOT VALID BEFORE — NOT VALID AFTER — X/O FROM: VOID — X/O TO: VOID

PLACE OF ISSUE: ORD-ATO 1142 — ISO CODE: US — AIRLINE/AGENT CODE: B0372 — FCI: 0 — ISSUING AGENT ID: 130522SH — STATUS: VOID

ENDORSEMENT/RESTRICTIONS: VOID

CARRIER / FLIGHT / CLASS / DATE: VOID

* FARE BASIS/TICKET DESIGNATOR: VOID

FP IE030587637582 9GR22MAR85ORF
REFDUE

/FC 29MAR CHIALPITALORF 128.70Y8 $128.70

FARE 128.70
TAX 10.30
TOTAL 139.00

#STOCK CONTROL NO. 0673996

CPN	DOCUMENT NUMBER	CK
0	037 2100 099750	0

DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE

CPN	DOCUMENT NUMBER	CK
	2100 099750	0

NAME OF PASSENGER: HANKINS/TMR

FROM:

TO: 139.00

CARRIER: IE030587637582 9GR22M

FLIGHT: AR85ORF — CLASS: REFDUE — DATE — TIME

VOID

SEAT

VOID

PRINTED IN U.S.A. BY RAND McNALLY REV. 3-85

SAM VAN GALDER, INC.
ALCO BUS CORP.

between

Madison, Wisconsin

and

O'Hare Airport

HAT CHECK
AND RECEIPT
NOT GOOD FOR PASSAGE
$12.00 PAID

This check should be retained by the passenger until destination is reached subject to inspection by the operator at any time. Seating aboard vehicles operated in inter-state or for[illegible] commerce is without regard [illegible], color, creed, or national ori[illegible]

No. 78606

STATION ORD DATE 3/29/85

Reason for Refund: CHANGE LV FMKS 030 5876 315 829

☒ Voluntary ☐ Involuntary

TICKETS TO BE REFUNDED

Airline	Form Number	Serial Number	Coupons	From City	To City	Flight	Date
030	5876	315 829	☐ ☐ ☐ ☒	ORD	ORF	UA 976	28 MAR
			☐ ☒ ☐ ☐	MSN	ORD	2MS 63	28 MAR

TO OUR CUSTOMER

Refunds that cannot be processed immediately are taken care of at USAir's central offices in Washington, D. C. Whether you are entitled to a refund will be determined at that office.

Please Print

Name: US TREASURY

Street Address

City and State: WASHINGTON DC

U S AIR, INC.
Revenue Accounting
Washington National Airport
Washington, D. C. 20001

175719

ROOM	NAME	OUT DATE	RATE	NO. GUESTS
220	Hankins, Thomas H, Jr.	3-29-85	31	1

100830

STREET ADDRESS: P.O. BOX 195 | IN DATE: 3=24

CITY, STATE: Holly Ridge, North Carolina | ZIP: 28445 | CLERK: MRR

REPRESENTING | TRCL ☒ CASH ☐ CHECK ☐ CHARGE DIRECT BILL: ☐ R & T ONLY ☐ ALL

BALANCE FORWARD

		173.60	PAID
555401	24	173.60	CRED
	P	173.60	
		31.00	RC
		03.72	TAX
555422	24	138.88	CRED
	P	138.88	
		31.00	RC
		03.72	TAX
555561	25	104.16	CRED
	P	104.16	
		31.00	RC
		03.72	TAX
555725	26	69.44	CRED
	P	69.44	
		31.00	RC
		03.72	TAX
555890	27	34.72	CRED
	P	34.72	
		31.00	RC
		03.72	TAX
555102	28	00.00	CRED

BILL TO (PLEASE PRINT)

SIGNATURE

CHARGE TO

STREET

CITY, STATE | ZIP

University on state at frances Inn
441 N. FRANCES ST.
MADISON, WI 53703
(608) 257-4881

From: Public Works Officer, Marine Corps Base, Camp Lejeune

To: Civilian Personnel Officer (ATTN: Training Division)

Subj: Travel Orders for THOMAS H. HANKINS
Address P. O. Box 195, Holly Ridge, NC 28445

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 "Fundamentals of Energy Auditing"

Government Sponsored: [ ] Yes [X] No

*Mode of Transportation Preference: Commercial Air

Location of Training Site: Madison, WI

Type of Quarters: BOQ [ ] Available [X] Not Available
Commercial

Date and Time Training Begins: 25Mar85, 0800

Date and Time Training Ends: 28Mar85, 1500

Registration Fee or Tuition Involved: Yes/~~XXX~~ Amount $525.00

Employee is [X] Exempt or [ ] Nonexempt under the Fair Labor Standards Act.

E. L. ROUSE, 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)

UNITED STATES MARINE CORPS
CIVILIAN PERSONNEL DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO
12410
CPD
11 Mar 85

From: Employee Development Superintendent
To: Public Works

Subj: TRAVEL ORDER INFORMATION: REQUEST FOR

Ref: (a) BO 12270.1

Encl: (1) Memo; Subj: Travel orders for ThomasHankins
(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 15 Mar 85.

2. DD Form 1610 will be completed by this office.

Linda H. Passingham
LINDA H. PASSINGHAM

pwo

Amendment No.

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01: My-27-2006

B. Standard document number: 67001 (Organizational Identifier) 85 (FY) TC (Doc. type code) 00170 (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: Hankins, Thomas H.

2. Social Security Number 04: 226-24-5063

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

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function: Mechanical Engineer

11b. Handicapped? YES NO

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS | 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:
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: 35550

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

c. Dispute code 10

17a. Catalog/Course No.: 5440

b. Offering

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

	Year	Month	Day
a. Start	85	03	25
b. Complete	85	03	28

19. Course hours per person (4 digits) 07

a. During duty	30
b. Non-duty	
c. TOTAL	30

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

	Code		Code	
a. Purpose	4	08 c. Source	6	10
b. Type		09 d. Special Interest	0	11

20. PART II *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC): 99999	b. Security Clearance		d. Training credits	e. Priority: 2	h. Training program: 2
	c. Allocation Status		Continuing education units	f. Training level: 8	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	b. Tuition cost per person	c. Books, material or other costs per person	d. Funding source
$ 525.00	$ 525.00	$	

e. Accounting classification for direct costs

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

22. Job order number *(Optional)*: AA5 10 0485 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	b. Travel cost per person	c. Per diem/other costs per person	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: 8 Mar 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 — Date: 8 Mar 85 — Disapproved

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 — Date — 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.

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, material 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 Doctorate degree
06 TOP Certificate	14 Post Bachelor	22 Post Doctorate
07 Started college	15 1st professional	

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	F Other DOD	3 Non-Government—designed for agency
C US Navy	G Allied	4 Non-Government—off-shelf
D US Marine Corps		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.

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: Special Energy Monies

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 H.
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 05 (Year, Month)
4. Home address (Optional - to notify in case of emergency): 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, Bldg. 1005, Marine Corps Base, Camp Lejeune, NC 28542
8. Office telephone Area code/AUTOVON/Number/Ext: 919-451-3658
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 | 9
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.) ☐ (If not required, use for remarks.): The Wisconsin Center Guest House (Lowell Hall), 610 Langdon Street, Madison, WI

16a. Training Type/Subject Area Identifier

b. Course title or training services: Fundamentals of Energy Auditing, Course No. 5440

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period (6 digits) 06 — Year | Month | Day | c. Record ID
a. Start: 85 | 03 | 25
b. Complete: 85 | 03 | 28

19. Number of course hours (4 digits) 07
a. During duty: 30
b. Non-duty:
c. TOTAL: 30

20. PART I – training codes (see instructions)
a. Purpose | Code | c. Source | Code 10
b. Type | Code | 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 | $ 525 | 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): E. L. ROUSE, Design Director
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)
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
DD Form 1 AUG 77 1556

EDITION OF 1 AUG 72 IS OBSOLETE.

DOD overprint of Optional Form 170

Professional Development

Fundamentals of Energy Auditing

Practical Energy Analysis for Small Commercial and Apartment Buildings

March 25-28, 1985
June 10-13, 1985

Energy Technology Center

University of Wisconsin—Extension • Department of Engineering & Applied Science

---

ENERGY AUDITING SERIES

- Residential Energy Auditing
- Fundamentals of Energy Auditing
- Advanced Commercial/Industrial Energy Auditing

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

Energy Technology Center
University of Wisconsin—Extension
Department of Engineering & Applied Science

	Please route to

Department of Engineering & Applied Science
University of Wisconsin—Extension
432 North Lake Street
Madison, WI 53706

UWEX

MADISON WISCONSIN

Nonprofit Organization PAID Permit No. 1425

285422 6 021423
T H HANKINS JR
MGR MECH
PUBLIC WORKS DESIGN
BLDG 1005
CAMP LEJEUNE NC 28542

...ng Title IX requirements

GENERAL INFORMATION

Enrollment: Mail enrollment form and fee to Engineering Registration, The Wisconsin Center, 702 Langdon Street, Madison, WI 53706. We prefer registration in advance. **To register by phone, call 608-262-1299 or TOLL FREE 800-262-6243 between 8:00 and 4:30 CST. Ask Toll Free Operator for Engineering Registration. Wisconsin residents call 800-362-3020.**

Fee Covers: Notebook, program materials, break refreshments, lunches, and one scheduled buffet. Registrants receive a certificate of participation. We do not publish proceedings.

Location: Course will be held at THE WISCONSIN CENTER GUEST HOUSE (Lowell Hall) at 610 Langdon Street, Madison, Wisconsin.

Parking: You will receive information with your enrollment confirmation about public parking and about daily fee permits that may be available at the GUEST HOUSE for a modest fee.

Lodging: Madison hotel/motel information and a campus map will be mailed with your enrollment confirmation. Please make your reservations directly with the place you select. A block of rooms has been reserved (and will be held until one week before the program begins) in THE WISCONSIN CENTER GUEST HOUSE; reservation cards will be mailed upon enrollment or phone 608-256-2621 to make reservations directly. Advise us at time of registration if you are handicapped and desire special accommodations. Requests will be kept confidential.

Refund: **If you are unable to attend, please notify us immediately.** You may substitute another person from your agency or firm at any time. Your prompt notification, especially for a limited enrollment program, may make it possible for another person to register. We will refund the full prepaid fee if you cannot attend.

Travel: Madison is served by Republic, Northwest, Ozark, United, Frontier, Mississippi Valley airlines, and the Alco Bus travels regularly between the Madison Campus and O'Hare Field, Chicago.

Professional Development Degree is an advanced degree for practicing engineers. The program described in this brochure can apply as credit toward this University of Wisconsin degree. Ask for details and qualifications.

F-7095d

ENROLLMENT FORM — *Limited Enrollment. Register Early.*

Fundamentals of Energy Auditing (2.4 CEU)

☐ **Please enroll me in Course No. 5440, March 25-28, 1985**

☐ **Please enroll me in Course No. 5445, June 10-13, 1985**

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

Cardholder's Name _____

Credit Card Acct. No. _____ Exp. Date _____

Fee: $525

(Checks payable in U.S. funds to University of Wisconsin—Extension)

Name _____

Title _____ SS#* _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone (please include area code) _____

*Assures prompt enrollment confirmation and an accurate, readily accessible educational record.

MAIL TO: Engineering Registration
The Wisconsin Center
702 Langdon Street
Madison, WI 53706

OR: TOLL FREE 800-262-6243.

CALL: Ask for Engineering Registration.
In Wisconsin call 800-362-3020.
(direct phone) 608-262-1299

For Program Information

Dial the same TOLL FREE number, ask for Engineering Information, and Request: Program Directors, Don Schramm and Tom Smith
(direct phone) 608-263-7757

Department of Engineering & Applied Science
University of Wisconsin-Extension
432 North Lake Street
Madison, WI 53706

2.4 CEU

This program meets criteria for the nationally accepted Continuing Education Unit. Each participant completing it successfully will earn the CEU indicated.

Fundamentals of Energy Auditing
March 25-28, 1985 and June 10-13, 1985

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
- Type 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.

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 Extension Engineering can be tailored to meet your specific on-site training needs. For more information about in-plant training opportunities, please inquire!

Fundamentals of Energy Auditing
March 25-28, 1985 and June 10-13, 1985

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 need 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 as well as 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—Extension Engineering has trained over 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
University of Wisconsin—Extension

John C. Jenkins
Program Coordinator—Engineering
University of Wisconsin—Extension

Keith Kempski
Program Coordinator—Engineering
University of Wisconsin—Extension

Donald R. Schramm
Program Director—Engineering
University of Wisconsin—Extension

Thomas W. Smith
Program Director—Engineering
University of Wisconsin—Extension

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. Workshop teams will prepare and present energy audit reports, guided by our experienced instructors.

Enroll today.
Call TOLL FREE 800-262-6243.
Ask for Engineering Registration.
Wisconsin residents call 800-362-3020.

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

program outline inside

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 L.	GS-4	465-25-6823

CHECK MAILING ADDRESS (Include ZIP Code): P. O. Box 6014, Midway Park, NC 28544

DUTY PHONE NO.: 5507

ORGANIZATION AND STATION: Public Works Division, MCB, Camp Lejeune, NC

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 000115 dtd 5 Oct 84, MCB, Camp Lejeune, NC

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state): $120.00, DOV #M0203 841009 MCB, CLNC

1. ITINERARY (See Item 25 for Symbols)

DATE 1984		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
140ct	DEP	1700	Jacksonville,NC	PA					31,765
140ct	ARR	2000	Raleigh, NC		TD				31,902
150ct	DEP	1400		PA					
150ct	ARR	1700	Jacksonville, NC		MHC				32,075
	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
150ct	One-way mileage from motel to WANG classroom - 10 miles	$2.05	

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: Wang

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 L. 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 *(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:1983-0-509-634/1162

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES (JTR, C4612 AND M4009)

DATE 19 84	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
14 Oct	$39.19			$12.14			
15 Oct		$4.67	$7.64				

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

DD FORM 1 JAN 78 1351-3 S/N 0102 LF 013 3300

(LAST)	(FIRST)	OUT	803665
			FROM FOLIO
NO. IN PARTY: 1	RATE: 37.50	IN: 10-14	TO FOLIO

RAMADA INN / CRABTREE

3920 ARROW DR., RALEIGH, N. C. 27612
919-782-7525

DATE	SYMBOLS	CHARGES	CREDITS	BALANCE	PREVIOUS BALANCE
OCT 14B PAID	407		* * 39.19	* 39.19CR	C* 39.19CR
OCT 14C ROOM	407	* 37.50			
OCT 14C TAX	407	* 1.69		* .00CR*	

803665

PREVIOUS BALANCE
C* 39.19CR

CIVILIAN EMPLOYEE
026781

CALL TOLL FREE
1-800-228-2828
FOR
RAMADA - INNSTANT
RESERVATIONS

CIVILIAN EMPLOYEE
026781

CALL TOLL FREE
1-800-228-2828
FOR
RAMADA - INNSTANT
RESERVATIONS

A/S Comp & Ann

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: 2 Oct 84

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Phillips, Mary L. 465-25-6823

3. POSITION TITLE AND GRADE OR RATING: Editorial Clerk, GS-4

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 Word Processing, Raleigh, NC, 15 Oct 84

DISBURSING OFFICE
MCB, CAMP LEJEUNE, NC 28542
DATE 841010
ADVANCE LIQUIDATION

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 1 1/2

b. PROCEED O/A *(Date)*: 14 Oct 84

11. ITINERARY: From Jacksonville, NC to Raleigh, NC and return

☐ VARIATION AUTHORIZED

Mileage	
Per Diem	120.00
Dep Tvl	
DLA	
Self Move	
Less Adv TA	
Total	$120.00

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP

PRIVATELY OWNED CONVEYANCE *(Check one)*
RATE PER MILE: $.205 5190

☒ MORE ADVANTAGEOUS TO GOVERNMENT
D. R. RUCH
BY:

☐ 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
$ 92.50	$ 50.02	* $ 125.00(regfee)	$ 267.52

15. ADVANCE AUTHORIZED: $ 120.00

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.

Items 2, 6 and 9 of the attached Statement of Instructions apply to this travel 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
1751106.2720	000	67001	0	067001	2D	000115	AA5 10 0476 3D22E
*1751106.2720	000	67001	0	067001	2D	000115	AA5 10 0477 1022Q

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
HOSEA HORNE, JR.
By direction of the Commanding General
Camp Lejeune, NC 28542

21. DATE ISSUED: 5 Oct 84

22. TRAVEL ORDER NUMBER: 000115

1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Mary L. Phillips Organization PWO Ext. 2213

From Jacksonville, NC To Raleigh, NC and return

Dates of Travel 14 and 15 Oct 84 Dates of Training 15 Oct 84

Maximum Per Diem Allowed in Accordance with JTR $74.00

Schedule	Cost - Round Trip
244 miles round trip from Jacksonville, NC to Raleigh, NC @$.205 = $50.02	$50.02

GOVERNMENT VEHICLE NOT AVAILABLE

Per Diem Estimate		Total Estimated Cost	
1/2 day 14 OCt	$37.00	Per Diem	$92.50
3/4 day 15 Oct	55.50	Travel	50.02
		Limousine Fees	---
	$92.50	Registration Fees	125.00 (to be billed)
		TOTAL	$267.52

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 120.00 .

☐ 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 3 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 .

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO.

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	X	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
NCB CLNC
841010

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
PHILLIPS N.L.	CIV	465 25 6823

4. ORGANIZATION AND STATION
PUBLIC WORKS

5. TRAVEL ORDER
TOA 000115

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

PAID ADV AUTHORIZED -120.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
E		$120.00	841009	

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 MAJ	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
17511306.2720	000	6700170	067001	1K	000115	S10047635226	$120.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
KJP				$120.00

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 REQUIRES 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. 000115

FOR Mary L. Phillips SSN: 465-25-6823

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. 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: 50% lodging, 42% meals, and 8% 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. 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.

MCBCL 12570

5214.2
PWO
16 Oct 1984

From: Mary Lynn Phillips, Editorial Clerk, Design Branch, Public Works Division, Marine Corps Base, Camp Lejeune
To: Assistant Chief of Staff, Facilities, Marine Corps Base, Camp Lejeune

Subj: TRIP REPORT

Ref: (a) BO 5214.2B

1. As requested by the reference, the following information is provided:

a. Purpose of trip: To attend Glossary training for WANG word processor

b. Duration: Half day - 15 October 1984

c. Key Person(s) contacted on trip: Ms. Jeanette Johnson, WANG Instructor

d. Place(s) visited: Wang Laboratories, Inc., Raleigh, NC

e. Narrative summary: I attended a half-day training session for Glossary so that I would be able to utilize this function of our WANG. The class was most beneficial.

f. Problems encountered: None.

g. Recommended action: None.

h. Immediate action taken (if any): None.

MARY LYNN PHILLIPS

Advance copy to:
CG

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
BRANT, William	GS-9	240 98 0766

CHECK MAILING ADDRESS *(Include ZIP Code)*: P.O. Box 25, Chinquapin, NC 28521

DUTY PHONE NO.: 1833

ORGANIZATION AND STATION: Public Works Division, Marine Corps Base, Camp Lejeune, NC

TRAVEL ORDERS *(Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)*: 004285 dtd 29Apr 85 w/1st end dtd 7May85

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS *(Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state)*: $560.00 8505-9 MCB, CLNC

10. *FOR DO USE ONLY*

DO VOUCHER NO.:

SUBVOUCHER NO.:

PAID BY

jmq

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
12May	DEP	0630	Chinquapin,NC	PA					
12May	ARR	0700	Albert Ellis		AT				
12May	DEP	0740	Airport	CP					
12May	ARR	0820	Airport,		AT				
12May	DEP	0905	Charlotte,NC	CP					
12May	ARR	1620	Airport		AT				
12May	DEP	1645	LosAngeles,CA	CP					
12May	ARR	1715	Airport		AT				
12May	DEP	1800	Oxnard,CA	CA					
12May	ARR	1900	Motel		TD				
17May	DEP	1630	Oxnard,CA						
17May	ARR	1800	Motel		AT				
18May	DEP	0700	LosAngeles,CA	CB					
18May	ARR	0730	Airport LosAngeles,CA		AT				

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
12&18May	PA miles from residence to Airport and return (76 miles)	15.58	
12-17May	Rental Car	160.06	

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

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

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME—FIRST NAME—MIDDLE INITIAL *(Print/Type)*
BRANT, William L.

I. ITINERARY

DATE 1985		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	COMPUTATIONS
18May	DEP	0820	LosAngeles,CA	CP									
18May	ARR	1530	Airport		AT								
18May	DEP	1620	Charlotte, NC	CP									
18May	ARR	1705	Albert Ellis Airport		AT								
18May	DEP	1725		PA									
18May	ARR	1755	Residence, Chinquapin		MC								
	DEP		NC										
	ARR												
	DEP												
	ARR												
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	DEP												
	ARR												
	DEP												
	ARR												
	DEP												
	ARR												

H. FOR DO USE ONLY

III. REIMBURSABLE EXPENSES

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED

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

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
850510

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*: BRANT, William
2. RANK OR GRADE: GS-9
3. SSN: 240 98 07 66
4. ORGANIZATION AND STATION: Public Works, MCB CLNC 28542
5. TRAVEL ORDER: ton 004285 dtd 25apr1185
6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS: adv auth $560.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	850509	$560.00		

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
1751106.2720	000	67001/0	067001	1K	004285	5100476 3D22B	$560.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
mcb				$560.00

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

3.

☆U.S.GPO:1983-0-609-634/162

JS 028

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			
12May	47.96	3.50	8.25	16.35			
13May	47.96	6.65	5.50	17.89	4.25		
14May	47.96	4.88	5.50	18.96	4.25		
15May	47.96	4.88	5.50	17.98	4.25		
16May	47.96	4.88	5.50	19.95	4.25		
17May	49.05	5.65	7.39				

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	DATE

DD FORM 1 JAN 78 1351-3 S/N 0102 LF-013-3300

ESTIMATED COST INFORMATION FOR TDY

Itinerary for William Brant Organization PWO Ext. 2213

From Chinquapin, NC To Port Heuneme, CA and return

Dates of Travel 12 and 18 May 85 Dates of Training 13-17 May 85

Maximum Per Diem Allowed in Accordance with JTR $75.00

BOQ NOT AVAILABLE #00629-85

Schedule	Cost - Round Trip
Leave Jacksonville,NC on 12 May at 0740 Arrive Oxnard, CA at 1345 Leave Oxnard, CA on 18 May at 0635 Arrive Jacksonville, NC at 1701	$458.00

Per Diem Estimate		Total Estimated Cost	
		Per Diem	$487.50
3/4 day 12 May	$ 56.25	Travel	458.00
13-17 May	375.00	Limousine Fees	25.00
3/4 day 18 May	56.25	Registration Fees	--
	$487.50	TOTAL	$970.50

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 23 Apr 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 15 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 .

Shuna 1538

UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542

12570
CPD
7 May 85

FIRST ENDORSEMENT on TON 004285 dtd 29 Apr 1985 issued by Marine Corps Base, Camp Lejeune, NC 28542

From: Commanding General, Marine Corps Base, Camp Lejeune
To: Mr. William Brant, Public Works, Marine Corps Base, Camp Lejeune

Subj: TRAVEL ORDER NO. 004285; MODIFICATION OF

1. Subject travel order is hereby modified as follows:

a. Item 14, Estimated Cost, insert "$150.00 (Rental Car)" in block entitled Other.

b. Item 14, Estimated Cost, delete "$970.50" and insert "$1120.50" in block entitled Total.

c. Item 15, Advance Authorized, delete "$410.00" and insert "$560.00."

d. Item 16, Remarks, add "Rental Car Authorized."

2. Modification requested by Public Works due to the necessity of rental car at Port Hueneme, California.

HOSEA HORNE, JR.
By direction

Copy to:
AC/S, COMP
BFISCAL
CPD (Trng Br)

Acts Comptr w BG

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: 25 Apr 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*	3. POSITION TITLE AND GRADE OR RATING	
Brant, William 240-98-0766	Engineering Technician, GS-9	
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 Economic Analysis training, Port Hueneme, CA 13-17 May 85
10 a. APPROX NO. OF DAYS OF TDY *(Including travel time)*	**b. PROCEED O/A *(Date)***	
6 1/2	12 May 85	

11. ITINERARY ☐ VARIATION AUTHORIZED

From Chinquapin, NC to Port Hueneme, CA and return

Passenger Transportation Office
Camp Lejeune, North Carolina 28542-5000
For transportation and subsistence furnished on these orders see Memo endorsement.

DISBURSING OFFICE
MCB, CAMP LEJEUNE, NC 28542
DATE 5 05 10
LIQUIDATION
ADVANCE 410.00
Mileage
Per Diem
TVl
DLA
Self Move
Les Adv TA 560.00
Total
DOV
SYM 5190
CV
B. R. MICHAUX
BY:

12. MODE OF TRANSPORTATION

COMMERCIAL			GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	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. XX ☐ 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	$ 458.00	$ 25.00(limo fee)	$ 970.50	$ 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.
MCBCL 12570 (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 travel 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
	1751106.2720	000	67001	0	067001	2D	004285	~~AA5 10 0476 3D22E~~

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
ADAM C. MATTOCKS
By direction of the Commanding General
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED: 29 Apr 85

22. TRAVEL ORDER NUMBER: 004285

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN 1971

ORIGINAL

SE-43/vjg
4650.1
30 APR 85

MEMORANDUM ENDORSEMENT on your basic orders

From; Traffic Management Officer, Camp Lejeune, N.C. 28542-5000

To:

CLNMTPI
.HDQXTPI 301741CLN27SU
1.1BRANT/W MR

1	PI	348Y	12MAY	OAJCLT	HK1	740A	824A
2	PI	1Y	12MAY	CLTLAX	HK1	905A	1050A
3	RM	832Y	12MAY	LAXOXR	HK1	120P	145P
4	RM	627Y	18MAY	OXRLAX	HK1	635A	659A
5	PI	10Y	18MAY	LAXCLT	HK1	820A	340P
6	PI	339Y	18MAY	CLTOAJ	HK1	419P	501P

FROM: JACKSONVILLE,NC
TO: CHARLOTTE,NC
LOS ANGELES,CA
OXNARD,CA
LOS ANGELES,CA
CHARLOTTE,NC
JACKSONVILLE,NC

P- 1.CLN919 353 2122 SATO/TMO
T- T/30APR
W-T-STORED/FARED
M- 1.FQ 194/35/35/194 YDG/TTL 458
2.BY 876
3.4901/LC/-/C/CT/M
4.1751106.2720/000/67001/0/067001/2D/004285/51004763D22E
5.SGR V4 905 641
6.TKT NO 030 5876 382 094/095

30APR1740 0458 PBY

PCS (TDY)

TA FOR MAJ B.H. MCNUTT,TMO

INSTRUCTIONS FOR TRAVELER

1. Scehduled Government Air not available to destination. If orders direct Government Air where available, obtain certification as to the availability prior to return.

2. There is no refund to traveler for unused tickets issued on Government T/Rs. ANY UNAUTHORIZED ADDITIONAL COST MUST BE PAID BY THE TRAVELER.

3. Report any lost tickets to the airline concerned, obtain a copy of the lost ticket report and present this with a statement to the closet military installation in accordance with MCO P4600.7C.

4. IF YOU EXCHANGE YOUR ORIGINAL TICKET FOR A TICKET OF LESSER VALUE, advise the carrier that the refund is payable to MARINE CORPS BASE, PASSENGER TRAFFIC BRANCH, BLDG# 233, CAMP LEJEUNE,NC 28542-5000.

SURRENDER ALL UNUSED TICKETS OR REFUND APPLICATIONS TO THE PASSENGER TRAFFIC BRANCH, BLDG# 233, CAMP LEJEUNE,NC 28542-5000.

5. RECONFIRM RESERVATIONS FOR RETURN PORTION OF TRAVEL.
CANCEL RESERVATIONS FOR ANY UNUSED PORTION OF TRAVEL.

ORIGINAL

SGR

PASSENGER BRANCH
TRAFFIC MANAGEMENT DIVISION
A C /S LOGISTICS
CAMP LEJEUNE NC 28542

DATE 21 MAY 85

TO: MR. W. BRANT

UNUSED TICKET: Receipt is acknowldged for Ticket # 0305876382094

UNUSED FROM OXNARD, CA TO LOS ANGELES, CA.

ISSUED ON TR # 114,905,641.

UNUSED TRANSPORTATION REQUEST: Receipt is acknowledged for GTR# N/A

UNUSED MEAL TICKET: Receipt is acknoledged for MT# N/A

REFUND APPLICATION: Receipt is acknowledged for refund application from

N/A Airlines issued in cocc/w GTR# N/A

V. T. Jones
PASSENGER TRANSPORTATION OFFICE

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 DO Station No. If none, so state)

10 FOR DO USE ONLY

DO VOUCHER NO

SUBVOUCHER NO.

PAID BY

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
12 MAY	DEP	0630	RESIDENCE	PA					
12 MAY	ARR	0700	ALBERT ELLIS		AT				R/T 38MI.
12 MAY	DEP	0740	AIRPORT	CA					
12 MAY	ARR	0820	AIRPORT		AT				
12 MAY	DEP	0905	CHARLOTTE, N.C.	CA					
12 MAY	ARR	1620	AIRPORT		AT				
12 MAY	DEP	1645	LOS ANGELES, CA.	CA					
12 MAY	ARR	1715	AIRPORT		TD	239.80			
17 MAY	DEP	1630	OXNARD, CA.	CA					
17 MAY	ARR	1800	LOS ANGELES, CA		AT	49.05			
18 MAY	DEP	0820		CA					
18 MAY	ARR	1530	AIRPORT		AT				
18 MAY	DEP	1620	CHARLOTTE, N.C.	CA					
18 MAY	ARR	1705	ALBERT ELLIS		AT				

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
12&18 MAY	PA. MILES RES. TO ELLIS AIRPORT & R/T (76MI.)		
~~12-17 MAY~~	~~MOTEL~~	~~#288.85~~	
~~16 MAY~~	~~LAUNDRY~~	~~#5.00~~	
12-17 MAY	RENTAL CAR	#160.06	

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

POC MILES

18 MAY DEP 1725 ALBERT ELLIS PA

18 MAY ARR 1755 RESIDENCE MC R/T 38MI.

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. GPO: 1983-0-609-634/162

JS 028

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			
12 MAY	47.96	3.50	8.25	16.35			
13 MAY	47.96	6.65	5.50	17.89	4.25		
14 MAY	47.96	4.88	5.50	18.96	4.25		
15 MAY	47.96	4.88	5.50	17.98	4.25		
16 MAY	47.96	4.88	5.50	19.95	4.25		
17 MAY	49.05	5.65	7.39	-			

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 1351-3

Insg Money

From: Public Works Officer, Marine Corps Base, Camp Lejeune

To: Civilian Personnel Officer (ATTN: Training Division)

Subj: Travel Orders for WILLIAM L. BRANT

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 course on Economic Analysis

Government Sponsored: [X] Yes [ ] No

*Mode of Transportation Preference: Commercial Air

Location of Training Site: Port Hueneme, CA

Type of Quarters: BOQ [ ] Available [X] Not Available
Commercial X Non availability #00629-85 (Typed on orders)

Date and Time Training Begins: 13 May 85, 0800

Date and Time Training Ends: 17 May 85

Registration Fee or Tuition Involved: ~~XXXX~~No Amount _____

Employee is [ ] Exempt or [X] Nonexempt under the Fair Labor Standards Act.

E. L. ROUSE, 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: NV-27-2006

B. Standard document number: 67001 | 85 | IG | 00042 (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.)*: Bruhe, William E. | First 5 letters of last name 03

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)*: X 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: Engineering Tech

12. Pay plan/series/grade/step GS 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:
CO, Naval School, Civil Engineer Corps Officers
Attn: Code 31C
Port Hueneme, CA 93043

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

16a. Training Type/ Subject Area Identifier: 35250

b. Course title or training services: Economic Analysis

c. Dispute code

17a. Catalog/Course No.: A-4A-0020

b. Offering: 61

18. Training period *(6 digits)* 06 — Year | Month | Day | c. Record ID
a. Start: 85 | 05 | 13
b. Complete: 85 | 05 | 17

19. Number of course hours *(4 digits)* 07
a. During duty: 0040
b. Non-duty:
c. TOTAL: 0040

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

	Code		Code	
a. Purpose	4	08 c. Source	0	10
b. Type		09 d. Special Interest	0	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.)*

	Code		Code	
e. Priority	2	h. Training program	2	
f. Training level	3	i. Reason for selec.	2	
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: $ dollars cents

b. Tuition cost: $ dollars cents

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

d. Funding source

e. Accounting classification for direct costs: 1751106.2720 000 67001 0 067001 2D 000000

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

22. Job order number *(Optional)*: AA5 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)*: A. C. AUSTON
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, EMPLDEVSUPT
Area code/AUTOVON/Number/Ext.: AV-484-1539
Signature
Date: 9 Apr 85

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, EMPLDEVSUPT
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
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.

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, material 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.

UNITED STATES MARINE CORPS
CIVILIAN PERSONNEL DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO
12410
CPD
10 Apr 85

From: Employee Development Superintendent
To: PWO

Subj: TRAVEL ORDER INFORMATION: REQUEST FOR

Ref: (a) BO 12270.1

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 19 Apr 85.

2. DD Form 1610 will be completed by this office.

Linda H. Passingham
LINDA H. PASSINGHAM

Did not go

FY 85 Trng Monies

From: Public Works Officer, Marine Corps Base, Camp Lejeune
To: Civilian Personnel Officer (ATTN: Training Division)

Subj: Travel Orders for WILLIAM L. BRANT
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 Courses on Shore Facilities Planning and Economic Analysis

Government Sponsored: [X] Yes [ ] No

*Mode of Transportation Preference: CP

Location of Training Site: Pensacola, Florida (Hilton)

Type of Quarters: BOQ [ ] Available [X] Not Available
Commercial

Date and Time Training Begins: 18 Mar 1985 - 0800

Date and Time Training Ends: 29 Mar 1985 - 1630

Registration Fee or Tuition Involved: Yes/No Amount

Employee is [ ] Exempt or [X] Nonexempt under the Fair Labor Standards Act.

E. L. ROUSE, 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 — AV-27-2006

B. Standard document number: Organizational Identifier 67001 | FY 85 | Doc. type code TC | Serial Number 00041

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)* 03
Indicate preferred title *(example - Miss, Mrs., Mr., Ms, LTC, etc.)*
Brown, William L.

2. Social Security Number 04 — 219-28-0760

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
AV 484-1539
919-451-1539

9. Continuous federal service — Years | Months

10. Number of prior non-government training days

11. Position title/function
Engineering Tech

12. Pay plan / series / grade / step — Rank / MOS / AFSC or Navy Designator
GS 802 9

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility
Naval School, civil Engineer Corps Officers
Attn: Code 31C
Port Hueneme, California 93043

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

16a. Training Type/ Subject Area Identifier
35250

b. Course title or training services
Shore Facilities Planning

c. Dispute code

17a. Catalog/Course No.
A-4A-0016

b. Offering
70

18. Training period *(6 digits)* 06 — Year / Month / Day / Record ID
a. Start: 85 03 18
b. Complete: 85 03 22

19. Course hours per person (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: 4
10: 4
11: 4

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: 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 per person — $ dollars cents
c. Books, material or other costs per person — $ dollars cents
d. Funding source

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 per person — $ dollars cents
c. Per diem/other costs per person — $ 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
A.C. AUSTIN
Signature
Date

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

I CERTIFY that this training meets regulatory requirements:
Training Officer *(Name and title / code)*
Area code/AUTOVON/Number/Ext.
L.H. PASSINGHAM, Employee Devel Supt 919-451-1539
Signature
Date 15 Oct 84

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
L.H. PASSINGHAM, Employee Devel Supt 919-451-1539
Signature
Approved X
Disapproved
Date 15 Oct 84

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.

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, material 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
1 Regular
C Career
2 Reserve
T Temporary
3 National Guard
E Excepted
I Intermittent

Item 14—Enter appropriate code

00 Not applicable
01 Some elementary
02 Elementary graduate
03 Some high school
04 High school graduate
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
16 Post 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 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
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 (same as first digit of Item 16a).

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 draft
8 Orientation
9 Adult basic education

Item 20 Part I, c—Source/Vendor

A US Air Force
B US Army
C US Navy
D US Marine Corps
E Defense Logistics 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

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
2 High School
3 Vocational/Technical/ Secretarial/Business/ Commercial/Administrative
4 College, undergraduate
5 College, graduate
6 College, post graduate

Item 20 Part II, g—Method of Training

1 On-the-job training (formal)
2 Rotation of work assignment
3 Seminar (training)
4 Conference/meeting/symposium
5 Correspondence
6 Directed study
7 Classroom (resident)
8 Classroom (on site)
9 Test/Equivalency

Item 20 Part II, h—Training Program

A Management Intern
B Engineer-In-Training
C Administrative Intern
D Shop Trainee
F College Work Study
G DOD/CSC Rotation Assignment
H Upward Mobility Agreement
J Apprentice
K Long term
M Helper to Journeyman
E Junior Development
R Cooperative Program
I Student Trainee
Y Executive Development
W Mid-Manager Development
N Other
Z None

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

1 Quality of Training
2 Most Cost Effective
3 Unique capability of training source
4 Location
5 Not available in Government
6 Incidental to Procurement of Equipment
7 Timeliness

Item 20 Part II, j—Method of Evaluation

1 Economic analysis
2 Accomplishment of stated objectives
3 Post-training performance, knowledge and attitudes
4 Questionnaires
5 Tests
6 Interview and Follow-up
7 Other
8 None

►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.

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: Organizational Identifier 67001 | FY 85 | Doc. type code TG | Serial Number 00042

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)* 03
Indicate preferred title *(example - Miss, Mrs., Mr., Ms, LTC, etc.)*
Brant, William L.

2. Social Security Number 04: 240-98-0766

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
- 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
AV 484-1539
919-451-1539

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function
Engineering Tech

12. Pay plan / series / grade / step Rank / MOS / AFSC or Navy Designator
GS 802 9

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility
CO, Naval School, Civil Engineer Corps Officers
Attn: Code 31C
Port Hueneme, California 93043

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*
CEC0S East - South Division

16a. Training Type/ Subject Area Identifier: 35250

b. Course title or training services: Economic Analysis

c. Dispute code

17a. Catalog/Course No.: A-4A-0020

b. Offering: 60

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

	Year	Month	Day
a. Start	85	03	25
b. Complete	85	03	29

19. Course hours per person (4 digits) 07

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

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

	Code		Code	
a. Purpose	4	08 c. Source	C	10
b. Type	4	09 d. Special Interest	1	11

20. PART II – *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC): 0760A	b. Security Clearance		d. Training credits	e. Priority	h. Training program
			Continuing education units	f. Training level: 2	i. Reason for selec.: 2
	c. Allocation Status		Other *(college, etc.)*	g. Method of training: 3	j. Method of eval.: 2

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	b. Tuition cost per person	c. Books, material or other costs per person	d. Funding source
$ dollars cents	$ dollars cents	$ dollars cents	

e. Accounting classification for direct costs: 1751106.2730 000 67001 0 067001 20 000000

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

22. Job order number *(Optional)*: AA3 19 0477 10020

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 per person	c. Per diem/other costs per person	d. Travel order number
$ dollars cents	$ dollars cents	$ dollars cents	

Section D – APPROVAL/CONCURRENCE

26. I certify this training is job related.
Supervisor *(Name and title/code)* — Area code/Number/Extension
A.G. AUSTON
Signature — Date

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

I CERTIFY that this training meets regulatory requirements:
Training Officer *(Name and title / code)* — Area code/AUTOVON/Number/Ext.
L.H. PASSINGHAM, EmplDevelSupt — 919-451-1539
Signature — Date

15 Oct 84

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
L.H. PASSINGHAM, EmplDevelSupt — 919-451-1539
Signature — Approved / Disapproved — Date

Section F – CERTIFICATION OF TRAINING COMPLETION

15 Oct 84

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 — Date

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)

EDITION OF 1 AUG 77 MAY BE USED UNTIL EXHAUSTED

DOD overprint of Standard Form 182

DD Form 1 JUN 78 1556 (S/N 0102-LF-001-5560)

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

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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, material 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 Doctorate degree
06 TOP Certificate	14 Post Bachelor	22 Post Doctorate
07 Started college	15 1st professional	

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 draft
4 Administration and analysis	8 Orientation
	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	F Other DOD	3 Non-Government—designed for agency
C US Navy	G Allied	4 Non-Government—off-shelf
D US Marine Corps		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.

UNITED STATES MARINE CORPS
CIVILIAN PERSONNEL DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO
12410
CPD
13 Feb 85

From: Employee Development Superintendent
To: PWO

Subj: TRAVEL ORDER INFORMATION: REQUEST FOR

Ref: (a) BO 12270.1

Encl: (1) Memo; Subj: Travel orders for William Brant (2 trips/back to back)
(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 85.

2. DD Form 1610 will be completed by this office.

Linda H. Passingham
LINDA H. PASSINGHAM

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., Jr.	GS-12	223-52-9111

CHECK MAILING ADDRESS (Include ZIP Code): 3000 Country Club Rd, Jacksonville, NC

DUTY PHONE NO.: 5507

ORGANIZATION AND STATION: Public Works Division, Marine Corps Base, Camp Lejeune, NC

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 0 02065, MCB, CLNC dtd 6Mar85

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, #M3934 850306, MCB, CLNC

10. FOR DO USE ONLY

DO VOUCHER NO.: [illegible]

SUBVOUCHER NO.: Special Energy

PAID BY: Money

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
10Mar	DEP	0610	Residence	PA						
10Mar	ARR	0700	Jacksonville		AT					
10Mar	DEP	0745	Airport, NC	CP						
10Mar	ARR	1250	Airport		AT					
10Mar	DEP	1310	Madison, WI	CA						
10Mar	ARR	1340	University of		TD					
16Mar	DEP	0955	Wisconsin	CA						
16Mar	ARR	1020	Airport		AT					
16Mar	DEP	1103	Madison, WI	CP						
16Mar	ARR	1143	Ohare Airport		AT					
16Mar	DEP	1305	Chicago, ILL	CP						
16Mar	ARR	1715	Airport,		AT					
16Mar	DEP	1835	Jacksonville, NC	CA						
16Mar	ARR	1940	Residence		MC					

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
9 Mar	Travelers Checks to protect adv.	4.00	
10Mar	Round trip frm residence to Apt (40 miles)	8.20	
16Mar	Limo frm Apt to Holiday Inn/Taxi to home	12.50	
16Mar	Laundry	10.00	

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

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	

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	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

AC/S Comptr

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 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*		3. POSITION TITLE AND GRADE OR RATING	
Fitch, James H.	223-52-9111	General Engineer, GS-12	
4. OFFICIAL STATION		5. ORGANIZATIONAL ELEMENT	6. PHONE NO.
Marine Corps Base Camp Lejeune, NC		Public Works Division	2213
7. TYPE OF ORDERS	8. SECURITY CLEARANCE	9. PURPOSE OF TDY	
Single	N/A	To attend EM-3 Building Energy Systems, Madison, WI., 11-15 Mar 85	
10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*	b. PROCEED O/A *(Date)*		
6 1/2	10 Mar 85		

11. ITINERARY ☐ VARIATION AUTHORIZED

From Jacksonville, NC to Madison, Wisconsin and return

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
$ 487.50	$ 371.00	$ ~~450~~ 25.00 (reg fee) 25.00 (limo fee)	$ 1333.50	$ 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
1751106.2720	000	67001	0	067001	2D	002065	AA5 10 0482 3D22E
*1751106.2720	000	67001	0	067001	2D	002065	AA5 10 0483 1022Q

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* FOR AUTHENTICATION
HOSEA HORNE, JR.
By direction of the Commanding General
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED: 6 Mar 85

22. TRAVEL ORDER NUMBER: 002065

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702 NAVY OVERPRINT JAN 1971

ROOM	Fitch, J. H
534	68807

MONTH OF	ARRIVE	DEPART	NO. DAYS	RATE	CONFERENCE
3	10	~~15~~	5	27.00	Em3
		110	-		

	CHARGES	DATE	CREDIT
BOARD:			
PARKING:			
SUBTOTAL			
STATE SALES TAX			
TOTAL TAXABLE			
ROOM:	135.00		
TOTAL	135.00		
	27.00		
DUE FROM CUSTOMER	162.00	3/15	162.00
DUE FROM CONFERENCE			ord check
			5R

NAME J. H. Fitch

STREET ADDRESS 3000 Country Club Rd 3/16

CITY Jacksonville STATE NC ZIP 28540 DATE

WISCONSIN CENTER
GUEST HOUSE • 610 LANGDON • MADISON, WI • 53706

U.S. GOVERNMENT PRINTING OFFICE 1982-509-476

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			
10Mar	27.00		10.53	16.29			2.00
11Mar	27.00	6.23	2.43	20.35			
12Mar	27.00	6.50	2.05	21.04			
13Mar	27.00	7.35	3.10	19.87			
14Mar	27.00	6.89	2.05	19.43		6.90	
15Mar	27.00	7.64	2.37	19.86	5.75		2.00
16Mar		6.85	14.27	9.33		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 (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, JR. 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: 113934

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

63001
MCB CLNC
SYM XXXX 5190

850307

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*: FITCH, J.H.
2. RANK OR GRADE: XXXXXX GS-12
3. SSN: 223 52 9111
4. ORGANIZATION AND STATION: PUBLIC WORKS DIV MCB CLNC
5. TRAVEL ORDER: CG MCB CLNC TON 002065 dtd 850306
6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS: PD ADV AUTH: $410.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	8503 06	$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: 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
1751106.2720	000	67001/0	067001	1K	002065	5100482 3D22E	$410.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
SH				$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

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. 002065

FOR James Fitch SSN: 223-52-9111

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.

ESTIMATED COST INFORMATION FOR TDY

Itinerary for James Fitch Organization PWO Ext. 2213

From Jacksonville, NC To Madison, WI and return

Dates of Travel 10 and 16 Mar 85 Dates of Training 11-15 Mar 85

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Leave Jacksonville, NC on 10 Mar at 0745 Arrive Madison, WI at 1220 Leave Madison, WI on 16 Mar at 1103 Arrive Jacksonville, NC at 1701	$371.00

Per Diem Estimate		Total Estimated Cost	
3/4 day 10 Mar	$ 56.25	Per Diem	$487.50
11-15 Mar	375.00	Travel	371.00
3/4 day 16 Mar	56.25	Limousine Fees	25.00
		Registration Fees	450.00 (to be billed)
	$487.50	TOTAL	$1333.50

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

XX 1. Advance - maximum that can be authorized is $ 410.00 .

XX 2. Reservations - make reservations with Passenger Transportation, extension 1971.
RESERVATIONS MADE 4 Mar 85

XX 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.

XX 5. Overtime - approximate number of hours traveler may be subject to overtime based on the above schedule is 11 hours . Justification: ☐ Non-exempt under FLSA ☒ Title 5, USC.

XX 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 .

S/N 0102—LF—013—2803

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
FITCH James H	GS-12	223-52-9111

CHECK MAILING ADDRESS (Include ZIP Code): 3000 Country Club Rd, Jacksonville, NC

DUTY PHONE NO.: 5507/2213

ORGANIZATION AND STATION: Public Works, Bldg. 1005 MCB, Camp Lejeune

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): #00 2065

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 DO Voucher 85307,

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
3/10	DEP	0610	Residence, Onslow, NC	PA					
3/10	ARR	0700	Jacksonville Airport		AT	see attached			40
3/10	DEP	0745		GP					
3/10	ARR	1250	Madison, Wisc Airport		AT	Sheet			
3/10	DEP	1310		CA					
3/10	ARR	1340	Univ. Wisconsin		TD				
3/16	DEP	0955		CA					
3/16	ARR	1020	Madison, Wisc Airport		AT				
3/16	DEP	1103		GP					
3/16	ARR	1143	Chave Apt		AT				
3/16	DEP	1305	Chicago	GP					
3/16	ARR	1715	Jacksonville		AT				
3/16	DEP	1835	Apt	CA					
3/16	ARR	~~2110~~ 1040	Residence, Onslow		MC				

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
3/9	Travelers Checks to Protect Advance	4,00	
3/10	RT to Drop me off at Airport 40 mi @ 20¢	8,00	
~~3/10 & 3/16~~	~~Porter fees X2 Madison Airport~~	4,00	
3/16	Jax-Limo to Holiday Inn-Taxi to home	12,50	

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

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
(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

★ U.S.GPO:1983-0-705-949/226

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES (JTR, C4612 AND M4009)

DATE PG 86	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
							2.00
3/10	27.00	~~2.35~~	10.53	16.29		--	Lima, Madison 5.00
3/11	"	6.23	2.43	20.35		--	--
3/12	"	6.50	2.05	21.04		--	--
3/13	"	7.35	3.10	19.87		--	--
3/14	"	6.89	2.05	19.43		6.90	--
3/15	"	7.64	2.37	19.86	5.75	--	~~2.00~~ Lima, Madison 5.00
3/16	--	6.85	14.27	9.33	~~2.00~~	2.00	10.00
Total	62.00	~~43.01~~ 5	41.95	123.17	5.75	8.90	

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

TAB STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

Energy 9.

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. Mr.

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 28540

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, Bldg. 1005, Marine Corps Base, Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext: 919-451-5507

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 | 0801 | 12

13. Type of appointment: C

14. Education level: 14

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility: University of Wisconsin - Extension, Madison, WI

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: EM 3 – Building Energy Systems

c. Dispute code

17a. Catalog/Course No.

18. Training period *(6 digits)* 06

	Year	Month	Day	c. Record ID
a. Start	85	3	11	
b. Complete	85	3	15	

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)*

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

b. Offering

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: $ 450.00 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)*: E. L. ROUSE, Design Director

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)*

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)*

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

Linda,

Mr. Fitch has enrolled himself and made his room reservations for this course.

This is part of the special energy training monies.

Sue Jarman
Sue J

(The attached enrollment form shows the cost to be $450.00 as stated by Mr. Kempski of the University Center.)

Air Travel Reservations made February 25, 1985 by Mr. Fitch

Sunday, March 10

Depart Jacksonville 0745 hours on Piedmont flight 348
Arrive in Washington D.C at 1000 hours.
Depart Washington D.C. at 1300 on Northwest flight 375
Arrive in Madison, Wisconsin at 1538 hours.

Saturday, March 16

Depart Madison, Wisconsin at 1103 hours on Mississippi Valley Flight 3/4
Arrive in Chicago at 1145 hours.
Depart Chicago at 1305 hours on Piedmont Flight 460.
Arrive Jacksonville at 1701 hours.

ENROLLMENT FORM

☐ Please enroll me in Course No. 5231
BUILDING ENERGY SYSTEMS (EM3)
March 11-15, 1985 . . . (4.0-5.0 CEU)

Enrollment Limited to 25

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

Cardholder's Name _____

Credit Card Acct. No. _____ Exp. Date _____

Fee: ~~$770~~ $450 KJKempski 2/25/85 Limit 1 person.
(Checks payable in U.S. funds to University of Wisconsin—Extension)

Name _____

Title _____ SS#* _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone (please include area code) _____

*Assures prompt enrollment confirmation and an accurate, readily accessible educational record.

MAIL TO: Engineering Registration
The Wisconsin Center
702 Langdon Street
Madison, WI 53706

OR CALL: ~~TOLL FREE 800-262-6243.~~
Ask for Engineering Registration.
In Wisconsin call 800-362-3020.
(direct phone) 608-262-1299

For Program Information . . .
Dial the same TOLL FREE number, ask for Engineering Information, and Request:

Program Director, Keith J. Kempski
Program Assistant, Connie L. Quamme
(direct phone) 608-262-0468

Department of Engineering & Applied Science
University of Wisconsin—Extension
432 North Lake Street
Madison, WI 53706

4.0/5.0

This program meets criteria for the nationally accepted Continuing Education Unit. Each participant completing it successfully will earn the CEU indicated.

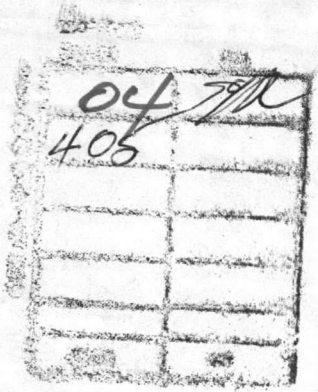
UWEX
UNIVERSITY OF WISCONSIN—EXTENSION
432 NORTH LAKE STREET
MADISON, WISCONSIN 53706

Kempski Rm 729

MADISON FEB 25 '85 WIS. U.S. POSTAGE 22¢ PB METER 009508

James H. Fitch P.E.
3000 Country Club Road
Jacksonville NC 28540

OPNAV 5216/144B (Rev. 8-81)
S/N 0107-LF-052-2322



DEPARTMENT OF THE NAVY

Memorandum

DATE: 2/21/85

FROM: Env Engr

TO: PWO

Via: FAC MGT O ~~f~~ 2/21/85

SUBJ: Shoreline Stabilization : Conference :

Recommend attendance by Civil Branch, Design Div.
to obtain info for upcoming Engr study of this subj.

V/R Alg

☆ U.S. GOVERNMENT PRINTING OFFICE: 1983-605-010:8686

22 FEB 1985
RECEIVED

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
YOUNG, Andrew E.	GS-11	281-36-8818

CHECK MAILING ADDRESS (Include ZIP Code): Midway Park, NC

DUTY PHONE NO.: 3658

ORGANIZATION AND STATION: Public Works Division, MCB, Camp Lejeune, NC

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 000235 dtd 9 Oct 84, MCB, Camp Lejeune, NC

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state): $370.00, DOV #N0285 841010 MCB, CLNC

10. **FOR DO USE ONLY**

DO VOUCHER NO.:

SUBVOUCHER NO.:

PAID BY

1. ITINERARY (See Item 25 for Symbols)

DATE 19 84		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
140ct	DEP	1230	Residence, MP,NC	PA					
140ct	ARR	1315	Airport,		AT				
140ct	DEP	1400	Jacksonville,NC	CP					
140ct	ARR	1640	Dallas Airport		AT				
140ct	DEP	1730	Dallas, Texas	CB					
140ct	ARR	1900	Motel		TD				
190ct	DEP	1500	Dallas, Texas	CB					
190ct	ARR	1600	Dallas Airport		AT				
190ct	DEP	1740	Dallas, Texas	CP					
190ct	ARR	2220	Airport		AT				
190ct	DEP	2300	Jacksonville,NC	PA					
190ct	ARR	2345	Residence,		MC				
	DEP		Midway Park, NC						
	ARR								

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
14,190ct	Private auto mileage from residence to airport and return (44 miles)	$9.02	

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: ANDREW E. YOUNG

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

AC/S 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: 3 Oct 84

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Young, Andrew 281-36-8818

3. POSITION TITLE AND GRADE OR RATING: Electrical 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 Advanced Coordination, Dallas, TX. 15-19 Oct 84 DISBURSING OFFICE
MCB, CAMP LEJEUNE, NC 28542
DATE 84/011
ADVANCE LIQUIDATION
Mileage
Per Diem $370.00
Dep Tvl
DLA
Self Move
Less Adv TA
Total $370.00

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 5 1/2

b. PROCEED O/A *(Date)*: 14 Oct 84

11. ITINERARY: From Midway Park, NC to Dallas, TX and return

☐ VARIATION AUTHORIZED

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE: SYM 5190
☐ MORE ADVANTAGEOUS TO GOVERNMENT
BY: D. R. RUCH

☐ 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	$ 398.00	*$850.00(reg fee) $ 25.00(limo fee)	$ 1685.50	$ 370.00

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.
Items 1 and 6 of the attached Statement of Instructions apply to this travel order.
Passenger Transportation Office
Camp Lejeune, North Carolina
For transportation and subsistence furnished on these orders, see MEMO endorsement.

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
1751106.2720	000	67001	0	067001	2D	000235	AA5 10 0476 3D22E
* 1751106.2720	000	67001	0	067001	2D	000235	~~AA5 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: 9 Oct 84

22. TRAVEL ORDER NUMBER: 000235

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

ORIGINAL

MEMORANDUM ENDORSEMENT on your basic orders

From: Traffic Management Officer
Marine Corps Base, Camp Lejeune, N.C. 28542

SE-43/ vjg
4650.1
09 OCT 84

To:

CLNMTPI
.HDQXTPI 091844CLN278U
1.1YOUNG/A MR

FROM:JACKSONVILLE,NC
TO: CHARLOTTE,NC
DALLAS/FT,TX
CHARLOTTE,NC
JACKSONVILLE,NC

1 PI 262Y 140CT OAJCLT HK1 200P 243P
2 PI 51Y 140CT CLTDFW HK1 317P 440P
3 PI 70Y 190CT DFWCLT HK1 540P 848P
4 PI 362Y 190CT CLTOAJ HK1 930P 1012P
P- 1.CLN319 353 2122 SATO/TMO
T- T/090CT
N-T-STORED/FARED
M- 1.FQ 165/165 YDB/TTL 330
2.BY 600
3.4680/LA/-/C/CT/M
4.1751106.2720/000/67001/0/067001/2D/000235/51004763D22E
5.SGR V4 887 582
6.TKT NO 030 5876 253 608

090CT1845 0214 PBY

TA FOR MAJOR B. H. MCNUTT

PCS (TDY)

1. Scheduled Government Air not available to destination. If orders direct Government Air where available, obtain certification as to the availability prior to return.

2. There is no refund to traveler for unused tickets issued on Government T/Rs. ANY UNAUTHORIZED ADDITIONAL COSTS MUST BE PAID BY THE TRAVELER.

3. Report any lost tickets to the airline concerned, obtain a copy of the lost ticket report and present this with a statement to the closest military installation in accordance with MCO P4600.7C.

4. IF YOU EXCHANGE YOUR ORIGINAL TICKET FOR A TICKET OF LESSER VALUE, advise the carrier that the refund is payable to "U.S. TREASURER, PASSENGER TRAFFIC BRANCH, BLDG # 233, CAMP LEJEUNE, N. C. 28542".

SURRENDER ALL UNUSED TICKETS OR REFUND APPLICATIONS TO THE PASSENGER TRAFFIC BRANCH, BLDG # 233, CAMP LEJEUNE, N. C. 28542.

ORIGINAL

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

L7001
SYM 5170
MCB, CLNC

841011

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
YOUNG, ANDREW	CIV	281 36 8818

4. ORGANIZATION AND STATION

PUBLIC WORKS, MCB, CAMLEJ NC 28542

5. TRAVEL ORDER

000235 DTD 84#1009

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

MBR PAID ADVANCE AUTHORIZED

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	841010	$370.00		

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
1751106.2720	000	L7001/0	067001	1K	000235	5100476302ZE	$370.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
CRL				$370.00

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 Andrew Young Organization PWO Ext. 2213

From Midway Park, NC To Dallas, TXand return

Dates of Travel 14 and 19 Oct 84 Dates of Training 15-19 Oct 84

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Leave Jacksonville, NC on 14 Oct at 1400 Arrive Dallas, TX at 1640 Leave Dallas, TX on 19 Oct at 1740 Arrive Jacksonville, NC at 2212	$398.00

Per Diem Estimate		Total Estimated Cost	
1/2 day 14 Oct	$ 37.50	Per Diem	$412.50
15-19 Oct	375.00	Travel	398.00
		Limousine Fees	25.00
	$412.50	Registration Fees	850.00(to be billed)
		TOTAL	$1685.50

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 370.00 .

☒ 2. Reservations - make reservations with Passenger Transportation, extension 1971.
RESERVATIONS MADE 1 Oct 84

☒ 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 7 1/4 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 ACTUAL EXPENSES

REIMBURSABLE EXPENSES (JTR, C4612 AND M4009)

DATE 19 84	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
10/14	46 87	—	—	10 95		15 00	
10/15	46 87	7 95	5 75	11 95			
10/16	46 87	5 50	6 95	10 75			
10/17	46 87	7 95	5 75	10 95			
10/18	46 87	5 50	5 75	11 95			
10/19	—	5 50	6 95			15 00	
10/14	PRIVATE AUTO MILEAGE FROM RESIDENCE						
	TO AIRPORT & RETURN — 44 MILES						
10/19	PRIVATE AUTO MILEAGE FROM RESIDENCE						
	TO AIRPORT & RETURN - 44 MILES						

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, ANDREW E. YOUNG 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 Andrew E. Young

DATE 22 OCT 84

DD FORM 1 JAN 78 1351-3 S/N 0102-LF-013-3300

S/N 0102—LF—013—2803

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 DO Station No. If none, so state)

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

1. ITINERARY (See Item 25 for Symbols)

DATE 19 84		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
10/14	DEP	1230	RESIDENCE	PA						
	ARR	1315	JACKSONVILLE AIPRORT		AT					
	DEP	1400		CP						
	ARR	1640	DALLAS AIRPORT		AT					
	DEP	1730	DALLAS, TX	CB						
	ARR	1900	HOLLIDAY INN		TD					
	DEP		DALLAS, TX							
10/14	ARR	—	HOLLIDAY INN							
	DEP	1500	DALLAS TX	CB						
	ARR	1600	DALLAS AIRPORT		AT					
	DEP	1740	DALLAS, TY	CP						
	ARR	2220	JACKSONVILLE AIRPORT		AT					
	DEP	2300		PA						
	ARR	2345	RESIDENCE		MC					

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED

SUMMARY OF PAYMENT

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

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

APPROVING OFFICER (31 USC 680a)

7. 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
(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

5214.2
PWO
22 Oct 1984

From: Andrew Young, Electrical Engineer, Design Branch, Public Works Division, Marine Corps Base, Camp Lejeune
To: Assistant Chief of Staff, Facilities, Marine Corps Base, Camp Lejeune

Subj: TRIP REPORT

Ref: (a) BO 5214.2B

1. As requested by the reference, the following information is provided:

a. Purpose of trip: To attend Advanced Coordination training course.

b. Duration: 15 - 19 October 1984

c. Key Person(s) contacted on trip: Mr. G. L. Anderson, P.E.

d. Place(s) visited: Multi-Amp Institute, Dallas, Texas

e. Narrative summary: The Advanced Coordination course developed the use of symmetrical components for fault current analysis and coordination study.

f. Problems encountered: None.

g. Recommended action: None.

h. Immediate action taken (if any): None.

ANDREW YOUNG, P.E.

Advance copy to:
CG

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. Special Energys

PAID BY Money

LAST NAME · FIRST NAME · MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
YOUNG, Andrew	GS-11	281-36-8818

CHECK MAILING ADDRESS (Include ZIP Code)	DUTY PHONE NO.
24 Collins Drive, Midway Park, NC	3658

ORGANIZATION AND STATION

Public Works Division, MCB, Camp Lejeune, NC

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

001835 MCB 21 Feb 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)

$220.00 M3610 850222 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
24Feb	DEP	1430	Residence	PA					
24Feb	ARR	1750	Motel,		TD				130
25Feb	DEP	0745	Raleigh, NC	PA					
25Feb	ARR	0800	Jane S.McKimmon		TD				1.2
25Feb	DEP	1700	NCSU, Raleigh	PA					
25Feb	ARR	2045	Residence		MC				129
	DEP		Midway Park,NC						
	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
25Feb	Registration Fee	90.00	
25Feb	From motel to NCSU 1.2miles	.25	
24,25Feb	Private Auto Mileage from home to Raleigh Motel and return 259 miles	53.10	

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	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

Ac/s Compt ltr dtd

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 Feb 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*		3. POSITION TITLE AND GRADE OR RATING
Young, Andrew	281-36-8818	Electrical Engineer, GS-11

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 Electronic Energy Conservation Class, Raleigh, NC 25 Feb 85

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*	b. PROCEED O/A *(Date)*
1 1/2	24 Feb 85

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: $.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				15. ADVANCE AUTHORIZED
PER DIEM	TRAVEL	OTHER	TOTAL	
$ 111.00	$ 50.02	*$ 90.00(reg fee)	$ 251.02	$ 220.00

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 2, 6 and 9 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
	1751106.2720	000	67001	0	067001	2D	001835	AA5 10 0482 3D22E
	*1751106.2720	000	67001	0	067001	2D	001835	AA5 10 0483 10220

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* FOR AUTHENTICATION
HOSEA HORNE, JR.
By direction of the Commanding General
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED: 21 Feb 85

22. TRAVEL ORDER NUMBER: 001835

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

RM. NO	NAME	DEP. DATE	RATE
		2	44

1104

ANDREW E YOUNG

07/85 [illegible]

1209 5500 0021 4820

Quality Inn

Quality Inn
Mission Valley
Conference & Expo Center
2110 Avent Ferry Road
Raleigh, N. C. 27606
Telephone (919) 828-3173

"CALL TOLL FREE
FOR RESERVATIONS"
1-800-228-5151

Thank You!

Please Visit
With Us Again.

NORTH CAROLINA STATE UNIVERSITY

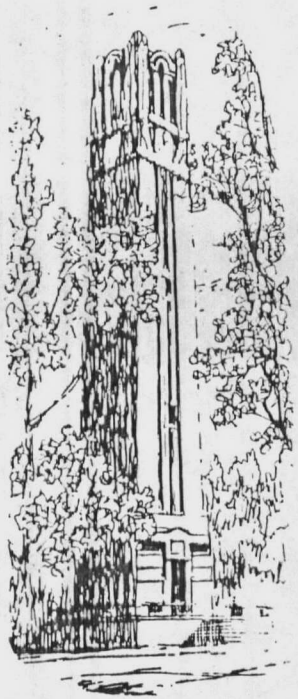
AT RALEIGH

Presents this certificate to

ANDREW YOUNG

For participation in

ELECTRICAL ENERGY CONSERVATION



A CONTINUING EDUCATION PROGRAM
FOR SUPERVISORY DEVELOPMENT BY
THE INDUSTRIAL EXTENSION SERVICE
SCHOOL OF ENGINEERING

Bruce R. Poulton
CHANCELLOR

W. L. Turner
VICE CHANCELLOR FOR EXTENSION AND
PUBLIC SERVICE

Larry K. Monteith
DEAN OF THE SCHOOL

☆U.S.G.P.O.:1983-0-705-949/226

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			
24 FEB	45 98	—	—	12 50			
25 FEB		4 55	5 45	8 50			

THE RECEIPT FOR TRAINING COURSE FEE WILL BE MY PERSONAL CHECK; THIS CHECK WILL BE FORWARDED TO ME ON OR AFTER 20 MAR, 1985. THEREFORE, IN LIEU OF RECEIPT OR CANCELLED CHECK, ENCLOSED IS A PHOTO COPY OF COURSE CERTIFICATE. FEE: $90 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, ANDREW E. YOUNG (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 Andrew E Young

DATE 27 FEB, 1985

DD FORM 1 JAN 78 1351-3 S/N 0102-LF-013-3300

STATEMENT OF INSTRUCTIONS

DISBURSING REQUIRES ORIGINAL AND THREE COPIES OF THE TRAVEL ORDERS FOR AN ADVANCE, PASSENGER TRANSPORTATION REQUIRES 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. 001835

FOR Andrew Young SSN: 281-36-8818

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: ~~50~~ 54% lodging, ~~42~~ 39% meals, and ~~8~~ 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. 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.

MCBCL 12570

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Andrew Young Organization PWO Ext. 2213

From Jax. NC To Raleigh, NC & Rtn

Dates of Travel 24 & 25 Feb 85 Dates of Training 25 Feb 85

Maximum Per Diem Allowed in Accordance with JTR $74.00

Schedule	Cost - Round Trip
244 miles rd trip from Jax. NC to Raleigh & Rtn @ .205	50.02

Per Diem Estimate		Total Estimated Cost	
½ day 24 Feb	37.00	Per Diem	111.00
25 Feb	74.00	Travel	50.02
	111.00	Limousine Fees	—
		Registration Fees	90.00 in advance
		TOTAL	251.02

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 220.00 (conf reg fee)

☐ 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_.

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER: 11316

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

850225

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
YOUNG, A.	CIV	281 36 8818

4. ORGANIZATION AND STATION
PUBLIC WORKS, MCB, CLNC

5. TRAVEL ORDER
CG MCB CLNC ton 001835 dtd 850221

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:
PD ADV AUTH: $220.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	850222	$220.00		

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
1751106.2720	080	67001/0	067001	1K	001835	5100482 3D22E	$220.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
SH				$220.00

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—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
YOUNG, ANDREW E		281-36-8818

CHECK MAILING ADDRESS (Include ZIP Code)

DUTY PHONE NO. 3658

ORGANIZATION AND STATION: PWO, CLNC

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)

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
24	DEP	1430	RESIDENCE	PA						
	ARR	1750	MOTEL, [illegible]			45 98				130
25	DEP	0745	RALEIGH	PA						
	ARR	0800	JANE S. McKIMMON		TD					1.2
	DEP	1700	NCSU, RALEIGH	PA						
	ARR	2045	RESIDENCE		MC					129
	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
24-25 FEB	MEALS	31 00	
25 FEB	REGISTRATION FEE	90 00	
24-25 FEB	PRIVATE AUTO MILEAGE ROUND TRIP		
	260.2 MILES x 20.5 ¢/MILE	53 34	

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.

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 E.

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)*:
24 Collins Drive
Midway Park, North Carolina 28544

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
Bldg. 1005, Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext:
919-451-3658

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 | 850 | 11

13. Type of appointment: C

14. Education level: BEE

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
School of Engineering
N.C. State University
Box 7902, Raleigh, NC 27695-7902

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*:
Jane S. McKimmon Center
Western Boulevard at Gorman Street
Raleigh, NC

16a. Training Type/ Subject Area Identifier

b. Course title or training services: Electrical Energy Conservation

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06

	Year	Month	Day
a. Start	85	02	25
b. Complete	85	02	25

c. Record ID

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

a. During duty	8
b. Non-duty	
c. TOTAL	8

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: $155.00

b. Tuition cost: $90.00

c. Books, material or other costs:

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 *(Optiona*: $

25. Indirect costs

a. Total est. indirect costs 13: $

b. Travel cost:

c. Per diem/other costs:

d. Travel order number

Section D – APPROVALS

26. Supervisor *(Name and title/code)*: L. G. NORRIS, Mgr, Elec Sec

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)*

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

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

Serving Industry, Business, the Engineering Profession and Local Governments

Industrial Extension Service
School of Engineering
N.C. State University
Box 7902
Raleigh, NC 27695-7902

NONPROFIT ORGANIZATION
U.S. Postage
PAID
Raleigh, NC
Permit No. 647

February 25, 1985

Raleigh,
North Carolina

A Workshop

ELECTRICAL ENERGY CONSERVATION

SPONSORED BY
School of Engineering
Industrial Extension Service
and
Division for Lifelong Education

WHO SHOULD ATTEND

To gain maximum benefits of this program, participants should consider attending the "Electrical Power Circuits Fundamentals" workshop (see enclosed brochure). This 7 hour workshop is designed for persons who are responsible for (or interested in) energy conservation in their plants. The program is on a plane which might be called the "practical, intermediate level of technology". It is designed for the company starting out in energy conservation but does not deal with advanced technology in energy conservation such as might be pursued by large companies with engineering staffs or an estimated energy conservation program.

LOCATION

Jane S. McKimmon Center, Western Blvd. at Gorman Street, Raleigh, NC

WHEN IT WILL BE HELD

February 25, 1985. 8:30 a.m. - 4:30 p.m.

COST

Registration fee is $90.00 per enrollee and includes all student study materials. (Fee does NOT include meals or refreshments.)

WORKSHOP LEADER

Mr. Larry Dwon, Industrial Extension Service, North Carolina State University.

CONTINUING EDUCATION UNITS

All participants in the seminar will receive Continuing Education Units (CEUs) for attendance. The CEU has been designed to give recognition to persons continuing their education and keeping up-to-date in their field or profession.

REGISTRATION

Fill in and return the "Registration Form." The workshop will be limited in size for maximum effectiveness, and reservations accepted in the order received. For more information, contact Linda Watkins, 919/737-3002.

REGISTRATION GUARANTEED: Cancellation must be received one week prior to workshop date in order for company to be relieved of financial responsibility. Substitutions are allowed at any time prior to first class.

ELECTRICAL ENERGY CONSERVATION

OBJECTIVES AND DESCRIPTION

- To present procedures for establishing and implementing an "In-House" energy conservation program.
- To present energy conservation techniques to achieve significant savings in electrical bills.
- To present basic definitions and concepts about electricity, electric energy and demand, power factor and load characteristics as they relate to potential savings in energy use.
- To present lighting concepts as related to productivity, safety, and employee morale as well as to electric energy savings.
- To review measurement methods applicable to electric energy systems.
- To present fundamental concepts of engineering economic analysis including payback period, return on investment and present worth.

Increases in electric and other energy costs and the concern for continuing increases and fuel shortages have caused managers of industrial and commercial enterprises to examine energy conservation alternatives. This workshop examines these alternatives and presents practical "How To" methods which have been used to save electric energy and reduce costs.

An informal lecture presentation will be used which is supplemented by visual aids that illustrate the subject. Questions and discussions will be encouraged. Experiences by the participants will be solicited. Each participant will receive a comprehensive set of study materials developed by the instructor for study and future reference. This workshop was developed by the Industrial Extension Service, School of Engineering, in cooperation with the North Carolina Energy Division, with funds granted by the U.S. Department of Energy (DOE) pursuant to the provisions of the Energy Policy and Conservation Act (EPCA), PL 94-163, and or the Energy Conservation and Protection Act (ECPA), PL 94-385.

OUTLINE

Energy Conservation Program

Implementation
- Top Management Commitment
- Survey Energy Uses and Losses
- Implement Actions
- Develop Continuing Energy Conservation Effort

Electric Energy

- Energy Sources and Uses
- Energy Consumption
- Useful Electrical Concepts
- Effect of Voltage Variations

Electric Consumption and Demand

- What Enters Customer Billing?
- What Is Demand?
- Why Is Maximum Demand Important?
- How Is Power Factor Used In Billing?
- Methods of Control Demand
- Some Criteria to Select the Proper Demand Control Method

Lighting

- Energy for Lighting
- Basics of Lighting
- Quality and Quantity
- Sources; Fixtures; Systems

Measuring Equipment

General; Thermocouples; Voltmeters; Watt Meters; Watt-hour Meters; Demand Meters; Multimeters; Illumination Meters

Financial Evaluation Methods

- Introduction
- Engineering Economy Problems
- Types of Studies
- Payback Period
- Return on Investment
- Time Value of Money

Summary

RALEIGH, NC
February 25, 1985

REGISTRATION FORM

ELECTRICAL ENERGY CONSERVATION

Please enroll the following people in this workshop:

NAME * _____ POSITION _____
(TYPE OR PRINT)

NAME _____ POSITION _____

NAME _____ POSITION _____

NAME _____ POSITION _____

COMPANY _____ CONTACT _____ PHONE ( )

ADDRESS _____ CITY _____ STATE _____ ZIP _____

( ) Check enclosed. Please make check payable to North Carolina State University.

* List name as you wish it to appear on certificate and namecard.

Robert L. Jones (Bob)
Certificate Namecard

MAIL REGISTRATION TO:
Linda Watkins
North Carolina State University
Industrial Extension Service
Box 7902
Raleigh, NC 27695-7902

M. Norris

PUBLIC WORKS DIVISION
BUILDING 1005, MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

In reply refer to:
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. 08:00

2. I need the following information: Feb 25th State 4:30 Univ Raleigh

a. Employee's Name: ANDREW E. YOUNG

(b.) Title of course: ELECTRICAL ENERGY CONSERVATION

c. Dates of Course & Location: ~~MAR 5~~, 1985 @ RALEIGH, NC

(d.) Description of course: PRESENTS PROCEDURES, TECHNIQUES & CONCEPTS TO IMPLEMENT ENERGY CONSERVATION PROGRAM.

(e.) Cost of course: $70 ~~105.00~~ 50.00 70.00

(f.) Benefits of course: EXPOSURE TO ENERGY CONSERVATION ALTERNATIVES & TO OTHER VIEWPOINTS OF THE PARTICIPANTS. 225.00

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
SUE JARMAN

Andy is enrolled

FEB 25
0800 TO 1630
JAMES McKINMON CTR
FONE: (919) 737-2358

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 (1)

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Department Head

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/___/ 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 (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
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Immediate Supervisor 2d Level Supervisor

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Department Head

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_____ _____

Immediate Supervisor 2d Level Supervisor

_____

Department Head

ENCLOSURE (1)

AC/S Compt _____

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: 20 Sep 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Brant, William 240-98-0766

3. POSITION TITLE AND GRADE OR RATING: Engineering Tech., GS-9

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 Shore Facilities Planning, Port Hueneme, CA 16-20 Sep 85

10 a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 6 3/4

b. PROCEED O/A *(Date)*: 15 Sep 85

11. ITINERARY ☐ VARIATION AUTHORIZED

From Chinquapin, NC to Port Hueneme, CA and return

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

Employee purchasing own ticket

☐ 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
$ 606.25	$ 298.00	$ 200.00(rep/car)	$ 1004.25	$ 900.00

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 6, 8, 10 and 11 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
1751106.2720	000	67001	0	067001	2D	006965	AA5100476JD22B

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
HOSEA HORNE, JR.
By direction of the Commanding General

21. DATE ISSUED: 23 Aug 85

22. TRAVEL ORDER NUMBER: 006965

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702 NAVY OVERPRINT - JAN. 1971

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
BRANT, William L.	GS-11	240 98 0766

CHECK MAILING ADDRESS (Include ZIP Code)	DUTY PHONE NO.
P.O. Box 25, Chinquapin, NC 28521	1833

ORGANIZATION AND STATION

Public Works Division, Marine Corps Base, Camp Lejeune, NC

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

006965 dtd 23 Aug 85 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)

$900100 M 1394 850912 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
15Sep	DEP	0630	Chinquapin, NC	PA					
15Sep	ARR	0700	Albert Ellis		AT				
15Sep	DEP	0740	Airport	CP					
15Sep	ARR	0820	Airport		AT				
15Sep	DEP	0905	Charlotte, NC	CP					
15Sep	ARR	1620	Airport		AT				
15Sep	DEP	1730	Los Angeles, CA	CA					
15Sep	ARR	1940	Motel		TD				
20Sep	DEP	1630	Oxnard, CA	CA					
20Sep	ARR	1840	Motel		AT				
21Sep	DEP	0700	Los Angeles, CA	-					
21Sep	ARR	0700	Motel		LV				
22Sep	DEP	0700	Los Angeles, CA	CB					
22Sep	ARR	0730	Airport, LosAngeles		AT				

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
15&22Sep	PA Miles from residence to Airport and return (76 miles)	$15.58	
15-21Sep	Rental Car	$193.83	
	Rental Car Refueling	24.00	

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 | 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 OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME—FIRST NAME—MIDDLE INITIAL *(Print/Type)*
BRANT, William L. SSN# 240 98 0766

I. ITINERARY

DATE 1985		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
22Sep	DEP	0820	Airport, LosAngeles	CP								
22Sep	ARR	1530	Airport		AT							
22Sep	DEP	1645	Charlotte, NC	CP								
22Sep	ARR	1730	Albert Ellis		AT							
22Sep	DEP	1800	Airport	PA								
22Sep	ARR	1830	Residence									
	DEP		Chinquapin, NC	MC								
	ARR											
	DEP											
	ARR											
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	ARR											
	DEP											
	ARR											
	DEP											
	ARR											

H. FOR DO USE ONLY

COMPUTATIONS

III. REIMBURSABLE EXPENSES

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1979—605-125 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				

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	DATE

DD FORM 1 JAN 78 1351-3 S/N 0102-LF-013-3300

ISSUED BY

PASSENGER TICKET AND BAGGAGE CHECK

SUBJECT TO CONDITIONS SET OUT ON THIS TICKET

PASSENGER'S COUPON

5870:737:669

ENDORSEMENTS (CARBON)

NAME OF PASSENGER — NOT TRANSFERABLE

BRANT/WILLIAM

DATE OF ISSUE: 00 15AU395 TOUR CODE

ORIGIN

DESTINATION

ISSUED IN EXCHANGE FOR

DATE AND PLACE OF ORIGINAL ISSUE

CONJUNCTION TICKET(S)

PIEDMONT
CAMP LEJEUNE
25 CLNOD 1741
[illegible] 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	PI	348	Q	15SEP	740A	OK	QE30DX28			
X	TO CHARLOTTE	PI	[illegible]	[illegible]	15SEP	935A	OK	QE30DX28			
X	TO LOS ANGELES CA	PI	10	C	22SEP	820A	OK	QE30DX28	22SEP	60CT	
X	TO CHARLOTTE	PI	460	Q	22SEP	420P	OK	QE30DX28			
	TO JACKSONVILLE NC										

FARE 275.98 — FARE CALCULATION

TAX 22.02

TAX

TOTAL 298.00

EQUIV. FARE PD

A /L—AGT INFO

CONTROL NO.

BAGGAGE CHECKED / UNCHECKED — PCS WT / UNCK WT

FORM OF PAYMENT ●●●PERSONAL●CHECK

CPN | AIRLINE CODE | FORM | SERIAL NUMBER | CK

030 5870737669 6

Printed in U.S.A. by Rand McNally & Co. REV. 7-82

DEPART 9/2

PLEASE PRINT NAME (LAST) BRANT (FIRST) WILLIAM

ROOM NO. 504 RATE 53.00

FOLIO NO. 13881 111.00

DAYS INN®

MAKING AMERICA COMFORTABLE WITH PAYING LESS.SM

LOS ANGELES - 7407
5101 Century Blvd.
Inglewood, CA 90304
213-419-1234

504 1 0252 0 BR

SEP 20	PREV BAL		.00
SEP 20	ROOM CHG	53.00	
SEP 20	CASH	111.00-	
217591	ROOM 504-1		58.00-

NOTE:
THE SINGLE RATE FOR GOV'T WAS AS STATED, $47.00 A DAY. THIS MOTEL CHARGED NO TAX. THE BALANCE SHOULD BE MY PERSONAL EXPENSE.
W. L. BRANT.

ADVANCE DEPOSIT OR BALANCE FORWARD

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

CHECK OUT DATE

ACCOUNT NO.

AMOUNT

SITE

COMPANY NAME/BRANCH

COMPANY ADDRESS

RATE 47.00 ONLY

MARINE #0683842

RATE CODE

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. 006965

FOR William Brant SSN: 240-98-0766

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. X Use of Government quarters directed if available. Endorsement required.

9. ___ Government vehicle not available.

10. X Rental Car authorized.

11. X Other.. Employee purchasing own airline ticket for less than govt TR.

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 Blant Organization PWD Ext. 2213

From Chesapeake, VA To Port Hueneme, CA & Rtn

Dates of Travel 15 & 21 Sep 85 Dates of Training 16-20 Sep 85

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Lv Jax, NC 15 Sept at 0740 Arr Oxnard, CA — 1205 Lv Oxnard CA 21 Sept at 0635 Arr Jax, NC — 2224	$ 458.00 (Gov't TR)

Per Diem Estimate		Total Estimated Cost	
3/4 day 15 Sep	56.25	Per Diem	506.25
16-21 Sep	450.00	Travel	298.00 (Cost of ticket)
	506.25	Limousine Fees	[redacted]
		Registration Fees	
		Rental Car	200.00 (in adv)
		TOTAL	1004.25

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☑ 1. Advance - maximum that can be authorized is $ 900.00 (incls rental car & cost of ticket) *

☐ 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 17 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)*	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
850912

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
BRANT, William	GS-9	240-98-0766

4. ORGANIZATION AND STATION

Public Works MCB CLNC 28542

5. TRAVEL ORDER

ton# 006965 dtd 20SEP85

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

adv auth

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	850911	$900.00		

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
1751106.2720	000	67001/0	067001	1K	006965	B100476 3D22E	$900.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
meb				$900.00

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

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
BRANT - WILLIAM - L	GS-11	240 98 0766

CHECK MAILING ADDRESS (Include ZIP Code): P.O. BOX 25, CHINQUAPIN, NC 28521

DUTY PHONE NO: 1833

ORGANIZATION AND STATION: PUBLIC WORKS DIVISION, MARINE CORPS BASE, CAMP LEJEUNE, NC

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):

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
15 SEPT	DEP	0630	CHINQUAPIN, N.C.	PA					
15 SEPT	ARR	0700	ALBERT ELLIS AIRPORT		AT				
15 SEPT	DEP	0740		CP					
15 SEPT	ARR	0820	AIRPORT, CHARLOTTE, N.C.		AT				
15 SEPT	DEP	0905		CP					
15 SEPT	ARR	1620	AIRPORT		AT				
15 SEPT	DEP	1730	LOS ANGELES, CA	CA					
15 SEPT	ARR	1940	MOTEL		TD				
20 SEPT	DEP	1630	OXNARD, CA.	CA					
20 SEPT	ARR	1840	MOTEL		AT				
21 SEPT	DEP	0700	LOS ANGELES, CA.	—					
21 SEPT	ARR	0700	MOTEL		LV				
22 SEPT	DEP	0700		CB					
22 SEPT	ARR	0730	AIRPORT, LA, CA		AT				

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
15 & 22 SEPT	PA MILES FROM RESIDENCE TO AIRPORT AND RETURN (76 MILES)	15.58	
15-21 SEPT	RENTAL CAR	193.83	
	RENTAL CAR REFUELING	24.00	

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

7. TR'S/MJA'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 | 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.

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 DO Station No. If none, so state)

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
22 SEP	DEP	0820	AIRPORT, L.A. CA.	CP						
22 SEP	ARR	1530	AIRPORT		AT					
22 SEP	DEP	1645	CHARLOTTE N.C.	CP						
22 SEP	ARR	1730	ALBERT ELLIS AIRPORT		AT					
22 SEP	DEP	1800		PA						
22 SEP	ARR	1830	RESIDENCE, CHARLOTTE N.C.		MC					
	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/MJA'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

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

☆ U.S.GPO:1984-0-709-038/815

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			
15 SEPT	47.96	3.50	8.86	16.89			
16 SEPT	47.96	5.85	5.50	17.58	5.25		
17 SEPT	47.96	5.85	5.50	19.95	5.25		
18 SEPT	47.96	5.85	5.50	18.98	5.25		
19 SEPT	47.96	5.85	5.50	17.98	5.25		
20 SEPT	47.00	6.48	8.89				

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, _____ 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

ROOM 142 | LAST NAME BRANT, WILLIAM

COMPANY NAME Government MIL | NO. GUESTS 2+1 | IN 9-15-85

STREET ADDRESS P.O.Box 25 | RM. CLERK LH | ☐ GUAR ☐ 6 P.M. | INT.

CITY & STATE Chenquapin, NC 28521 | SIGNATURE L William Brant

401305894200709 Exp 8/86

DATE	SYMBOLS	CHARGES	CREDITS	BALANCE	PICK-UP
					**.00 C
					C
					C*
4851	142				
09/15/85	ROOM 142	52.00		**56.68 /17	
09/15/85	TAX 142	4.68			**56.68 C
					C
					C*
5305	142				
09/16/85	ROOM 142	52.00		**113.36 /46	
09/16/85	TAX 142	4.68			**113.36 C
					C
					C*
5858	142				
09/17/85	ROOM 142	52.00		**170.04 /42	
09/17/85	TAX 142	4.68			**170.04 C
					C
					C*
6478	142				
09/18/85	ROOM 142	52.00		**226.72 /58	
09/18/85	TAX 142	4.68			**226.72 C
					C
					C*
7203	142				
09/19/85	ROOM 142	52.00		**283.40 /54	
09/19/85	TAX 142	4.68			**283.40 A
					A
	142				
7598					
09/20/85	CASH 142		283.40	**.00 /00	

Casa Sirena marina hotel

NOTE:
THE SINGLE RATE FOR GOVT WAS AS STATED BELOW, $44.00
PLUS 9% TAX FOR A TOTAL OF $47.96 PER DAY. THE
BALANCE SHOULD BE MY PERSONAL EXPENSE. W.L BRANT

Sgl Rate for Military = $ 44.00/day

PAY LAST AMOUNT SHOWN IN THIS COLUMN

SPECIAL INSTRUCTIONS

SEP 15 1 85

Rebecca Brant
GUEST SIGNATURE

ADDRESS

CITY STATE

I AGREE WITH THE CORRECTNESS OF THIS STATEMENT AND PERSONALLY ASSUME LIABILITY THEREOF

Casa Sirena
marina hotel
3605 PENINSULA ROAD
CHANNEL ISLANDS HARBOR
OXNARD, CALIFORNIA 93030
PHONE (805) 985-6311

RENTER'S SIGNATURE ... AUTHORIZATION FOR ANY ADDITIONAL ... AGREED ...

Sears

SEARS, ROEBUCK AND CO.

Budget Rent A Car System Licensee

RENTAL AGREEMENT

AUTOMATED TRANSPORTATION INC. d/b/a

BUDGET RENT A CAR

R.A.

A $ AMOUNT ... APPROVAL CODE ... CK. ...

RENTAL AGREEMENT NO. ... LOCATION ...

ORIGINAL

B Arrival Date ... Time ...

C Renter

D Phone No. ... D.O.B. ... Soc. Sec. No.

E Home Address

F City ... State ... Zip ...

G License No. ... Exp. Date ... State ...

H Firm Name

I Firm Phone ... Corp. Rate No.

J Charge Card No. ... Res. No.

K Remarks/Agency:

L Local Address ... Local Phone No.

M Additional Driver ... Date of Birth

N License No. ... Exp. Dt. ... State ...

Additional driver is bound by the terms and conditions on both sides of the rental agreement.

O Signature

Car Condition:

P I agree to return this vehicle on or before the date indicated due back. I will return to same location where rented unless otherwise indicated on line below.

Q I WILL RETURN VEHICLE TO

R DUE BACK BY

S

37	Car No.	3	
38	License No.	2	
39	Make	3	
	Time In	4	
	Time Out	5	
39	Mileage In	6	
40	Mileage Out	7	
41	Miles Driven	8	

Rate Code:
Restrictions:
For rate or special to be valid one or more of the following restrictions may apply.
- ☐ Vehicle must be returned to renting location.
- ☐ Vehicle must be returned by the following ... before ...
- ☐ Vehicle must be rented for a minimum of ... days.

MAXIMUM LIABILITY
By initialing "DECLINES", renter agrees to pay BUDGET for all loss or damage to vehicle (regardless of negligence) limited, however to $ ... dollars per occurrence provided vehicle is operated or used in conformity with rental agreement.

COLLISION DAMAGE WAIVER
By initialing "ACCEPTS", renter agrees to pay the sum shown in the adjoining column for each day or fraction thereof that this rental agreement is in effect and BUDGET agrees to waive all claims against renter for collision damages to vehicle provided it is operated or used in conformity with rental agreement.
This is a waiver of claim and not insurance.

DECLINES	ACCEPTS
Renter Init. X ...	Renter Init. X ...

PERSONAL ACCIDENT INSURANCE
By this acceptance renter purchases medical benefits as described in PAI booklet available and agrees to pay therefore a premium as shown in column 23. This coverage extends only to medical expense and/or death benefit to the renter and other occupants of the vehicle.

DECLINES	ACCEPTS
Renter Init. X ...	Renter Init. X ...

Personal Effects Coverage (P.E.C.)
If offered, Renter initials to accept at rate shown, or decline P.E.C. for coverage of personal property of Renter and his immediate family. If "accepts" Renter represents to have read, and understands the Brochure given to him at the time of Rental which describes the coverage and limits.

DECLINES	ACCEPTS
Renter Init. X ...	Renter Init. X ...

9		MLS. @	¢
10		HRS. @	$
11		DYS. @	$
12		WKS. @	$
13			
14		Total Time & Mileage Charges	
15			
16			
17		Net Time & Mileage Charges	
18		Refueling	
19		Intercity Fee	
20		Total Taxable Charges	
21		Sales Tax	
22		Damage Waiver Per Day	
23		Personal Accident Ins. Per Day	
24		Personal Effects Coverage Per Day	
25		Other Charges	
26		Total Gross Charges	
27		Less	
28		Less Deposits	
29		Less	
30		AMT. DUE BUDGET	
31		CASH REFUND	
32		MAIL REFUND	

FUEL GAUGE POSITION
OUT: E 1/8 2/8 3/8 4/8 5/8 6/8 7/8 F
IN: E 1/8 2/8 3/8 4/8 5/8 6/8 7/8 F

DATE	DEPOSIT
	$
	$ CASH
	$

METHOD OF PAYMENT

CUSTOMER'S INITIALS:

White Silver Orange Gold
CORP. RATE

MINIMUM CHARGE ONE DAY (24 HR.) RENTAL

THIS VEHICLE MUST NOT BE DRIVEN INTO MEXICO

RENTER FURNISHES ALL GASOLINE INCLUDING TANK REFILL UPON RETURN. TANK FULL AT TIME OF RENTAL

CAR CANNOT BE DRIVEN OUTSIDE OF CALIFORNIA WITHOUT WRITTEN PERMISSION

447551

ALL CHARGES ARE SUBJECT TO FINAL AUDIT

PARTS AND REPAIR CHARGES WILL NOT BE REFUNDED WITHOUT RECEIPT AND PROPER AUTHORIZATION.

ALL PARKING AND TRAFFIC VIOLATIONS ARE RESPONSIBILITY OF RENTER

Pursuant to California Vehicle Code, renter or the driver may be responsible for any loss, damage or injury incurred as a result of the operation of the rented vehicle.
I agree to be bound by the terms and conditions on both sides of this rental agreement.

T X ... Renter's Signature

U X ... EMP. NO. ... Authorized BUDGET Representative Signature

CUSTOMER COPY

RETURNED AT: ... R/A CLOSED BY: ... EMP. NO.

12410
PWO
23 Oct 1984

From: Public Works Officer, Marine Corps Base, Camp Lejeune
To: Base Maintenance Officer, Marine Corps Base, Camp Lejeune
(Attn: Utilities Director)

Subj: MARINE CORPS SPECIAL O&M PROGRAM FUNDING FOR TRAINING FOR FY85

Ref: (a) CMC Washingtn DC 251427Z Sep 84

1. In response to the reference and as discussed during the telephone conversation between Junior Johnson, Base Maintenance Division, and Sue Jarman, Public Works Division, the following requirements are submitted for the subject training in priority as listed:

a. Title of Course: Electrical Energy Conservation Andrew Young Completed Course

(1) Description: Course presents procedures, techniques, and concepts to implement energy conservation program.

(2) Total Cost: $225.00
(Tuition: $70.00) (Travel: $50.00) (Per Diem: $105.00)

(3) Benefits: This training course would expose employee to energy conservation alternatives and to other viewpoints of the participants.

b. Title of Course: Specifying Energy Monitoring Systems (EMS) Mr. Fitch 1556 submitted course completed 1300

(1) Description: Course provides basic consideration to be applied to specifying EMS, familiarizes pitfalls to avoid, and techniques to be applied to obtain the best EMS for the available funds.

(2) Total Cost: $1,120.50
(Tuition: $450.00) (Travel: $399.00) (Per Diem: $271.50)

(3) Benefits: Course would provide a greater knowledge of EMS specification principles. This opportunity to interchange ideas and EMS experiences with a number of specifiers would improve EMS capability at Public Works.

c. Title of Course: Air Conditioning Design - Equipment and Components Karen & Tommy 1556 submitted 24

(1) Description: Emphasis of course will be on the function and characteristic of each component of an air conditioning system and how it relates to other equipment in the system.

(2) Total Cost (includes cost for two employees): $3,190.00
(Tuition: $790.00) (Travel: $399.00) (Per Diem: $406.00)

(3) Benefits: The purpose of the course is to help the designer optimize the energy use in air conditioning systems.

Hankins completed "Fundamentals of Energy Auditing" 1330.00

Subj: MARINE CORPS SPECIAL O&M PROGRAM FUNDING FOR TRAINING FOR FY85

d. Title of Course: Air Conditioning - Piping Systems Keith - 1556 submitted

(1) Description: This course is intended to develop important concepts for the specifications, design, and flexibility analysis of piping systems. The course will be a valuable resource to people responsible for design of piping systems and will provide the designer the knowledge to obtain high quality and economical piping systems designs.

(2) Total Cost: $1,395.00
(Tuition: $590.00) (Travel: $399.00) (Per Diem: $406.00)

(3) Benefits: The Government will benefit by the designer's ability to design the most economical systems using less energy.

E. L. ROUSE
By direction

Copy to:
FAC

UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU
U UNCLASSIFIED U
UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU

ROUTINE

R 251427Z SEP 84

FM CMC WASHINGTON DC

TO AIG EIGHT

UNCLAS //N11000//

CMC//CODEXLFF-2/
SUBJ: MARINE CORPS SPECIAL O&M PROGRAM FUNDING FOR FY85

A. MCO P11000.5E

1. FUNDS TO ACCOMPLISH STUDIES, SURVEYS, AND TRAINING RELATED TO THE FY85 ENERGY & UTILITIES AND FIRE PROTECTION PROGRAMS HAVE BEEN ESTABLISHED.

2. ADDRESSEES ARE REQUESTED TO SUBMIT BY 30 OCT 1984 TO CMC, CODE LFF-2, THE FOLLOWING FOR ABOVE SPECIAL PROGRAM AREAS:
A. TRAINING COURSES AND SEMINARS PROPOSED FOR FY85.
B. STUDIES AND SURVEYS PROPOSED FOR FY85.
INCLUDE, DESCRIPTION, COST, AND BENEFITS. ACTUAL FUNDING OF THE SUBMITTED ITEMS WILL BE SUBJECT TO PRIORITIES ESTABLISHED IN BEST INTEREST OF THE MARINE CORPS.

3. POC'S (AV 224-2171, 3188, 1425) INCLUDE THE FOLLOWING HQMC PERSONNEL:
A. ENERGY & UTILITIES PROGRAM - MR. JERRY FRIEDMAN
B. FIRE PROTECTION PROGRAM - MR. AL. KIRCHNER

BT

SEP 28 1984

FAC ROUTING

	ACTION	INFO	INIT
FACO			
4A			
4B			
4C			
4D			
4E			
4FC			
4LC			
SEC			
CLK			

BFAC(2)...ACT FOR CG MCB CAMP LEJEUNE(9) 17000/ 2/0369
BADJ(4) BCOS(1) BMAO(1) BSDO(1)

RTD:000-000/COPIES:0009

111704/271 1 OF 1 MATA0293 271/07:56Z 25142/Z SEP 84
CSN:AUIA01036 CMC WASHINGTON

UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU
U UNCLASSIFIED U
UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU

3 OCT 1984
RECEIVED

PUBLIC WORKS DIVISION
BUILDING 1005, MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

T.H. Hankins

In reply refer to:
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: THOMAS H. HANKINS JR.

b. Title of course: AIR CONDITIONING DESIGN - EQUIPMENT AND COMPONENTS

c. Dates of Course & Location: 10-21-85 TO 10-25-85 UNIVERSITY OF WISCONSIN - MADISON WISCONSIN

d. Description of course: THE EMPHASIS OF THE COURSE WILL BE ON THE FUNCTION AND CHARACTERISTIC OF EACH COMPONENT OF AN AIR CONDITIONING SYSTEM AND HOW IT RELATES TO OTHER EQUIPMENT IN THE SYSTEM.

e. Cost of course: $790

f. Benefits of course: THE PURPOSE OF THE COURSE IS TO HELP THE DESIGNER OPTIMIZE THE ENERGY USE IN AIR CONDITIONING SYSTEMS. - THAT IS TO ENERGY WORK FOR THE SYSTEM USER.

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
SUE JARMAN

790.00
Travel 399.00
PD 406.00
1595.00

1595.00
1595
3190

PUBLIC WORKS DIVISION
BUILDING 1005, MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

In reply refer to:
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: KAREN D. MURRELL

b. Title of course: AIR CONDITIONING DESIGN - EQUIPMENT AND COMPONENTS

c. Dates of Course & Location: 10-21-85 TO 10-25-85 UNIVERSITY OF WISCONSIN - MADISON WISCONSIN

d. Description of course: THE EMPHASIS OF THE COURSE WILL BE ON THE FUNCTION AND CHARACTERISTIC OF EACH COMPONENT OF AN AIR CONDITIONING SYSTEM AND HOW IT RELATES TO OTHER EQUIPMENT IN THE SYSTEM.

e. Cost of course: _____

f. Benefits of course: THE PURPOSE OF THE COURSE IS TO HELP THE DESIGNER OPTIMIZE THE ENERGY USE IN AIR CONDITIONING SYSTEMS. - THAT IS TO ENERGY WORK FOR THE SYSTEM USER.

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
SUE JARMAN

PUBLIC WORKS DIVISION
BUILDING 1005, MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

In reply refer to:

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: R.K. WERNER

b. Title of course: AIR CONDITIONING - PIPING SYSTEMS

c. Dates of Course & Location: 02-11-85 TO 2-15-85 UNIVERSITY OF WISCONSIN — MADISON WISCONSIN

d. Description of course: THE COURSE IS INTENDED TO DEVELOP IMPORTANT CONCEPTS FOR THE SPECIFICATIONS, DESIGN AND FLEXIBILITY ANALYSIS OF PIPING SYSTEMS. THE COURSE WILL BE A VALUABLE RESOURCE TO PEOPLE RESPONSIBLE FOR DESIGN OF PIPING SYSTEMS. THIS COURSE WILL PROVIDE THE DESIGNER THE KNOWLEDGE TO OBTAIN HIGH QUALITY AND ECONOMICAL PIPING SYSTEMS DESIGNS.

e. Cost of course: ~~$ 590~~ $ 590

f. Benefits of course: THE GOVERNMENT WILL BENEFIT BY THE DESIGNER'S ABILITY TO DESIGN THE MOST ECONOMICAL SYSTEMS USING LESS ENERGY.

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
SUE JARMAN

590.00
399.00
406.00
1,395.00

PUBLIC WORKS DIVISION
BUILDING 1005, MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

In reply refer to:
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
SUE JARMAN

☆ U.S. GOVERNMENT PRINTING OFFICE: 1968 -059

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: 17 Jan 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: JONES, Jr., Eugene G.

3. POSITION TITLE AND GRADE OR RATING: Engineering Technician, GS-12

4. OFFICIAL STATION: Marine Corps Base
Camp Lejeune, NC 28542

5. ORGANIZATIONAL ELEMENT: Public Works Division

6. PHONE NO.: 1833

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To review pre-35% plans and specifications for the Base Master Plan at the Firm of Harland, Bartholomew & Assoc., Inc., in Richmond, VA

10 a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 2

b. PROCEED O/A *(Date)*: 0800, 24 Jan 1985

11. ITINERARY ☐ VARIATION AUTHORIZED

From Camp Lejeune, NC to Richmond, VA and return to Camp Lejeune, NC

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
$ 124.25	$	$	$ 124.25	$ 100.00

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 of Information for TDY) is required to be submitted upon liquidation of these orders.

17. REQUESTING OFFICIAL *(Title and signature)*
C. A. JOHANNESMEYER, CDR, CEC, USN
Public Works Officer

18. APPROVING OFFICIAL *(Title and signature)*
A. K. MAREADY, Head, FA-10, Command

AUTHORIZATION

19. ACCOUNTING CITATION

1751106.2720 000 67001 0 067001 2D AM5 10 0205 1D12E

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION

21. DATE ISSUED

22. TRAVEL ORDER NUMBER

DD FORM 1 JUN 67 1610 S/N 0102-016-7700

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
BRANT, William L.	GS-9	240-98-0766

CHECK MAILING ADDRESS (Include ZIP Code): PO Box 25, Chinquapin, NC 28521

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): 005715 MCB CLNC dtd 21May85

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

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

TDY

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
22May	DEP	0545	Residence	PA					
22May	ARR	0650	New Bern, NC		AD				
22May	DEP	0655		PA					
22May	ARR	1110	Naval Air Station		TD				
22May	DEP	1700	Norfolk, VA	PA					
22May	ARR	2115	New Bern, NC		AD				
22May	DEP	2120		PA					
22May	ARR	2225	Residence		MC				
	DEP		Chinquapin, NC						
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
22May	Rd trip mileage from residence to New Bern to pick up passenger to Norfolk, VA and return (480 mi.) Odometer readings: 83729 to 84209	$98.40	

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

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:1983-0-609-634/162

JS 028

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			
22 May		$5.50	$7.75	$12.95			

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 | DATE

DD FORM 1 JAN 78 1351-3 S/N 0102-LF-013-3300

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: 21 May 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: BRANT, William L. SSN# 240-98-0766

3. POSITION TITLE AND GRADE OR RATING: Engineering Technician, GS-9

4. OFFICIAL STATION: Marine Corps Base
Camp Lejeune, NC 28542

5. ORGANIZATIONAL ELEMENT: Public Works Division

6. PHONE NO.: 1833

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend Value Engineering Conference on MCON P-806, LAV Bn, Combat Vehicle Maintenance Facilities

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 1

b. PROCEED O/A *(Date)*: 22 May 1985

11. ITINERARY ☐ VARIATION AUTHORIZED

From Chinquapin, NC to New Bern, NC to pick up passenger to Naval Air Station, 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:

☒ 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	
$ 37.50	$ 79.54	$ ———	$ 117.04	$ 90.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

Travel sheets (estimated cost information for TDY) is required to be submitted upon liquidation of these orders.
Items 2, 7 and 9 of the attached Statement of Instructions apply to these orders.

17. REQUESTING OFFICIAL *(Title and signature)*: E. L. ROUSE
Public Works Officer, Acting

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
1751106.2720	000	67001	0	067001	2D	XXXXXXX 005715	AM5 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: 21 May 85

22. TRAVEL ORDER NUMBER: 005715

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

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 DO Station No. If none, so state)

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

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
22MAY	DEP	0545	RESIDENCE	PA						
22MAY	ARR	0650	NEW BERN, N.C.		AD					55 MI.
22MAY	DEP	0655								
22MAY	ARR	1110	NAVAL AIR STA.		TD					185 MI
22MAY	DEP	1700	NORFOLK VA.	PA						
22MAY	ARR	2115	NEW BERN, N.C.		AD					185 MI
22MAY	DEP	2120		PA						
22MAY	ARR	2225	RESIDENCE CHINQUAPIN, N.C.		MC					55 MI
	DEP									
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
22MAY	CHINQUAPIN, N.C TO NORFOLK VA & RT: 480 MI.		
	ODOMETER READING: 83129 TO 84209		

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

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

U.S.GPO:1983-0-609-634/162

JS 028

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			
22 May		5.50	7.75	12.95			

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

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. 005715

FOR William Brant SSN: 240-98-0766

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. ___ 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. X 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. 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.

TAD

★ U.S. GOVERNMENT PRINTING OFFICE: 1979-604-670

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: 21 May 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: BRANT, William L. SSN# 240-98-0766

3. POSITION TITLE AND GRADE OR RATING: Engineering Technician, GS-9

4. OFFICIAL STATION: Marine Corps Base, Camp Lejeune, NC 28542

5. ORGANIZATIONAL ELEMENT: Public Works Division

6. PHONE NO.: 1833

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend Value Engineering Conference on MCON P-806, LAV Bn, Combat Vehicle Maintenance Facilities

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 1

b. PROCEED O/A *(Date)*: 22 May 1985

11. ITINERARY ☐ VARIATION AUTHORIZED

From Chinquapin, NC to New Bern, NC to pick up passenger to Naval Air Station, 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:
							☒ 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	
$ 37.50	$79.54	$	$ 117.04	$90.00

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.

17. REQUESTING OFFICIAL *(Title and signature)*: E. L. ROUSE, Public Works Officer, Acting

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
1751106.2720	000	67001	0	067001	2D	000000	AM5 10 0205 5D12E

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION

21. DATE ISSUED

22. TRAVEL ORDER NUMBER

★ U.S. GOVERNMENT PRINTING OFFICE: 1979-604-670

~~Money~~ TDY

ACS Comptroller Army

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: 3 Jan 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: PHILLIPS, MARY L.	3. POSITION TITLE AND GRADE OR RATING: Editorial Clerk, GS-4
4. OFFICIAL STATION: Marine Corps Base, Camp Lejeune, NC	5. ORGANIZATIONAL ELEMENT: Public Works Division; 6. PHONE NO.: 5507
7. TYPE OF ORDERS: Single	8. SECURITY CLEARANCE: N/A
10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 2	b. PROCEED O/A *(Date)*: 8 Jan 1985
9. PURPOSE OF TDY: Familiarization of LANTDIV's word processing of NAVFAC Construction Specifications, Norfolk, VA 9 Jan 85	

11. ITINERARY ☐ VARIATION AUTHORIZED

From Camp Lejeune, NC to Naval Base, LANTDIV, 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:
							☒ 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
$ 75.00	$ 79.54	$	$154.54	$ 125.00

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 2, 6 and 8 of the attached Statement of Instructions apply to this order.

17. REQUESTING OFFICIAL *(Title and signature)*: C. A. JOHANNESMEYER, CDR, CEC, USN, Public Works Officer	18. APPROVING OFFICIAL *(Title and signature)*: A. K. MAREADY, Head, FA-10, Command

AUTHORIZATION

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	001185	AM5 10 0205 2D12E

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
ADAM C. MATTOCKS Adam C. Mattocks
By direction of the Commanding General
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED: 4 Jan 85

22. TRAVEL ORDER NUMBER: 001185

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 L.	GS-4	465-25-6823

CHECK MAILING ADDRESS *(Include ZIP Code)*: Rt. 4, Box 135B, Jacksonville, NC

DUTY PHONE NO.: 5507

ORGANIZATION AND STATION: Public Works Division, MCB, Camp Lejeune, NC

TRAVEL ORDERS *(Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)*: 001185 dtd 4 Jan 85, MCB, Camp Lejeune, NC

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS *(Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state)*: $125.00, DOV #M2393 850108 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
8Jan	DEP	1200	Camp Lejeune,NC	PA						35,964
8Jan	ARR	1700	Norfolk, VA		TD					36,179
10Jan	DEP	0800								
10Jan	ARR	1400	Camp Lejeune,NC							36,420
	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
9Jan	Mileage from BOQ to Bldg. N-26		
	One mile - Two trips	.41	

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: MARY L. 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

3

★U.S.GPO:1983-0-705-949/228

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			
8 Jan 85	$ 5.50			$ 4.60			
9 Jan 85	$ 5.50	$2.80	$ 3.43	4.36			
10 Jan 85		$2.80	$ 2.45				

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: Mary Lynn Phillips

DATE: 14 January 1985

DD FORM 1 JAN 78 1351-3 S/N 0102 LF-013 3300

5

BOQ NAVAL
STATION
NORFOLK, VIRGINIA

* *	1	9304	*
* *	1	25434	*
* *	1	1100	*
D-9531		1100	*
D-9531		2000	DSL FUEL OIL *
D-9531		900	CNG *

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Mary Lynn Phillips **Organization** PWO **Ext.** 2213

From Camp Lejeune, NC **To** Norfolk, VA and return

Dates of Travel 8 and 10 Jan 85 **Dates of Training** 9 Jan 85

Maximum Per Diem Allowed in Accordance with JTR $37.50 (based on use of BOQ)

Schedule	Cost - Round Trip
388 miles round trip from Camp Lejeune, NC to Norfolk, VA and return @$.205 = $79.54	$79.54

Per Diem Estimate		Total Estimated Cost	
1/2 day 8 Jan	$ 18.75	Per Diem	$75.00
9 Jan	37.50	Travel	79.54
1/2 day 10 Jan	18.75	Limousine Fees	---
		Registration Fees	---
	$ 75.00	TOTAL	$154.54

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 125.00 .

☐ 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. (will travel during duty hours)

☐ 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 .

JAX to Norfolk 35964 - 36179
Norfolk to JAX 36203 - 36420

BOQ to N-26 36179 - 36180
N-26 to BOQ 36180 - 36181

Dinner	4.60	17.99
Breakfast	2.80	11.00
Lunch	3.43	28.99
Dinner	~~4.36~~ ~~3.91~~	11.00
Breakfast	2.80	39.99
Room	5.50 x 2 = 11.00	2.45
Lunch	2.45	42.44

Single Limited Rental Car
For purpose O. Positive Interest

20.5 2/4.10

85-08
10 Jan
1,000 NH
Engineer Study
} Power Fluctuations

From: Public Works Officer, Marine Corps Base, Camp Lejeune
To: Civilian Personnel Officer (ATTN: Training Division)

Subj: Travel Orders for Mary Lynn Phillips
Address Rt. 4, Box 135B
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: Familiarization of LANTDIV's word processing of NAVFAC Construction Specifications

Government Sponsored: [X] Yes [ ] No

*Mode of Transportation Preference: POV

Location of Training Site: Atlantic Division, Naval Facilities Engineering Command, Norfolk, VA

Type of Quarters: BOQ [X] Available [ ] Not Available
Commercial

Date and Time Training Begins: 9 Jan 1985, 0800

Date and Time Training Ends: 9 Jan 1985, 1630

Registration Fee or Tuition Involved: ~~Yes~~/No Amount

Employee is [ ] Exempt or [X] Nonexempt under the Fair Labor Standards Act.

E. L. ROUSE, 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.

Mary Lynn Phillips
(Signature of Traveler)

ENCLOSURE (1)

★ U.S. GOVERNMENT PRINTING OFFICE: 1979-604-670

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: 3 Jan 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: PHILLIPS, MARY L.

3. POSITION TITLE AND GRADE OR RATING: Editorial Clerk, GS-4

4. OFFICIAL STATION: Marine Corps Base, Camp Lejeune, NC

5. ORGANIZATIONAL ELEMENT: Public Works Division

6. PHONE NO.: 5507

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: Familiarization of LANTDIV's word processing of NAVFAC Construction Specifications

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 2

b. PROCEED O/A *(Date)*: 8 Jan 1985

11. ITINERARY ☐ VARIATION AUTHORIZED

From Camp Lejeune, NC to Naval Base, LANTDIV, 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:
							☒ 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
$ 75.00	$ 79.54	$	$154.54	$ 125.00

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.

17. REQUESTING OFFICIAL *(Title and signature)*: C. A. JOHANNESMEYER, CDR, CEC, USN, 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
1751106.2720	000	67001	0	067001	2D		AM5 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

22. TRAVEL ORDER NUMBER

S/N 0102—LF—013—2803

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

Environmental money

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 Drive, Emerald Isle, NC

DUTY PHONE NO.: 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): 003435 dtd 20 Mar 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): $230.00, M4431 850325 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
85	DEP									
25Mar	ARR	0630	Home, Emer.Isle	PA						
25Mar	DEP	0720	Ellis Airport		AT					
25Mar	ARR	0745	Jacksonville,NC	CP						
25Mar	DEP	1220	Madison, Wisc.		TD					
28Mar	ARR	1110		CP						
28Mar	DEP	1740	Ellis Airport		AT					
28Mar	ARR	1755	Jacksonville,NC	PA						
28Mar	DEP	1830	Home, Emerald Isle, NC		MC					
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
25Mar	RT transp. to Airport (82 miles)	16.81	
25Mar	Limo to Hotel	3.50	
28Mar	Limo to Airport	3.50	
28Mar	RT transp. from Airport (82 miles)	16.81	

APPROVING OFFICER (31 USC 680a)

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

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: CARL H. BAKER, JR.

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

☆U.S GPO:1983-0-609-634/162

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			
25 Mar	27.00		4.78	12.10			
26 Mar	27.00	4.55	2.10	16.43			
27 Mar	27.00	3.90	1.90	20.30			
28 Mar		5.71	6.80				

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, CARL H. BAKER, JR. 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 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			
3/25	27.00		4.78	12.10			
3/26	27.00	4.55	2.10	16.43			
3/27	27.00	3.90	1.90	20.30			
3/28	—	5.71	6.80				

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

A/S Comptr ltr dtd

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: 19 Mar 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*	3. POSITION TITLE AND GRADE OR RATING	
Baker, Carl 242-94-9955	Supvy Civil Engineer, GS-12	
4. OFFICIAL STATION	**5. ORGANIZATIONAL ELEMENT**	**6. PHONE NO.**
Marine Corps Base Camp Lejeune, NC	Public Works	3238
7. TYPE OF ORDERS	**8. SECURITY CLEARANCE**	**9. PURPOSE OF TDY**
Single	N/A	To attend Low-Cost Shore Protection, Madison, WI 26-27 Mar 85
10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*	**b. PROCEED O/A *(Date)***	
3 1/2	25 Mar 85	

11. ITINERARY ☐ VARIATION AUTHORIZED

From Emerald Isle, NC to Madison, WI and return

Passenger Transportation Office
Camp Lejeune, North Carolina 28542-5000
For transportation and subsistence furnished on these orders see Memo endorsement.

DISBURSING OFFICE MCB, CAMP LEJEUNE NC 28542 DATE 850325 LIQUIDATION

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
	XX			230.00			☐ 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. [XX] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
☐ OTHER RATE OF PER DIEM *(Specify)*

Less Adv TA 230.00 Total 1431.00 S 5120 D.R. PLICHTA BY: D. R. Plicht

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ 262.50	$ 368.00	*$300.00(reg) $ 25.00(limo)	$ 955.50	$ 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 12570 (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
1751106.2720	000	67001	0	067001	2D	003435	AA51004883D22E
*1751106.2720	000	67001	0	067001	2D	003435	AA510048910220

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 Mar 85

22. TRAVEL ORDER NUMBER 003435

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)*		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
850325

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
BAKER C	CIV	242949955

4. ORGANIZATION AND STATION

PUBLIC WORKS

5. TRAVEL ORDER

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

PD ADV ER PER DIEM AS AUTHORIZED $230.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
		$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
1A%11751106.2720	000	6[illegible]7001/0	067001	1k	[illegible] 0034	35 5100483022[illegible]	$230.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
				$230.00

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

ROOM	Baker, Carl 89160

MONTH OF	ARRIVE	DEPART	NO. DAYS	RATE	CONFERENCE
3	25	28	3	27.00	SHOR

	CHARGES		DATE	CREDIT	
BOARD:					
PARKING:					
SUBTOTAL					
STATE SALES TAX					
TOTAL TAXABLE					
ROOM:	81	00			
TOTAL	81	00		81	00
				CASH/CK	
DUE FROM CUSTOMER					
DUE FROM CONFERENCE					

NAME: MARI BAKER

STREET ADDRESS: 1212 ARCHERS CREEK DR

CITY	STATE	ZIP	DATE
EMERALD ISLE	NC	28557	

WISCONSIN CENTER
GUEST HOUSE • 610 LANGDON • MADISON, WI • 53706

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Carl Baker Organization PWO Ext. 3238

From Emerald Isle, NC To Madison, WI and return

Dates of Travel 25 & 28 Mar 85 Dates of Training 26-27 Mar 85

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Leave Jacksonville, NC on 25 Mar at 0745 Arrive Madison, WI at 1220 Leave Madison, WI on 28 Mar at 1110 Arrive Jacksonville, NC at 1701	$368.00

Per Diem Estimate		Total Estimated Cost	
3/4 day 25 Mar	$ 56.25	Per Diem	$262.50
26-27 Mar	150.00	Travel	368.00
3/4 day 28 Mar	56.25	Limousine Fees	25.00
	$262.50	Registration Fees	300.00(to be billed
		TOTAL	$955.50

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 18 Mar 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 none . Justification: ☐ Non-exempt under FLSA ☐ Title 5, USC. will travel during duty hours

☐ 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 .

From: Public Works Officer, Marine Corps Base, Camp Lejeune, NC

To: Civilian Personnel Officer (ATTN: Training Division)

Subj: Travel Orders for CARL H. BAKER
Address 7312 Archers' Creek Drive
Emerald Isle, NC

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 a course on "Low-Cost Shore Protection"

Government Sponsored: [ ] Yes [X] No

*Mode of Transportation Preference: Commercial Air

Location of Training Site: Madison, Wisconsin

Type of Quarters: BOQ [ ] Available [X] Not Available
Commercial

Date and Time Training Begins: 0800, 26Mar85

Date and Time Training Ends: 27Mar85

Registration Fee or Tuition Involved: Yes XXXX Amount $300.00

Employee is [X] Exempt or [ ] Nonexempt under the Fair Labor Standards Act.

E. L. ROUSE, 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: NV-27-2006

B. Standard document number: Organizational Identifier 67001 | FY 85 | Doc. type code TG | Serial Number 00175

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) 03
Indicate preferred title (example - Miss, Mrs., Mr., Ms., LTC, etc.)
Baker, Carl H.

2. Social Security Number 04: 242-94-9955

3a. Organization Unit Identification Code (UIC): 67001

b. Date of birth 05: Year Month

4. Home address (Optional - to notify in case of emergency)
Emerald Isle, NC

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, NC 28542

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: Supvy Civil Engineer

11b. Handicapped? ☐ YES ☐ NO

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS | 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
Engineering Registration
The Wisconsin Center, 702 Langdon Street
Madison, Wisconsin 53706

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

16a. Training Type/Subject Area Identifier: 35000

b. Course title or training services: Low-Cost Shore Protection

c. Dispute code

17a. Catalog/Course No.: 5254 WI

b. Offering

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

	Year	Month	Day
a. Start	85	03	26
b. Complete	85	03	27

19. Course hours per person (4 digits) 07

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

20. PART I – training codes (see instructions)

	Code		Code	
a. Purpose	4	08 c. Source	6	10
b. Type		09 d. Special Interest	0	11

20. PART II (See instructions)

a. Training Facility/Vendor Unit Identification Code (UIC): 99999	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	b. Tuition cost per person	c. Books, material or other costs per person	d. Funding source
$ 300 00	$ 300 00	$	C

e. Accounting classification for direct costs

f. Signature of fiscal officer (follow local procedure)

22. Job order number (Optional): AA5 10 0489 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	b. Travel cost per person	c. Per diem/other costs per person	d. Travel order number
$	$	$	

Section D – APPROVAL/CONCURRENCE

26. I certify this training is job related.
Supervisor (Name and title/code): E.L.ROUSE, Design Director
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: 12 Mar 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: AV 484-1539
Signature
X Approved ☐ Disapproved
Date: 12 Mar 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.

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, material 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 Doctorate degree
06 TOP Certificate	14 Post Bachelor	22 Post Doctorate
07 Started college	15 1st professional	

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.

UNITED STATES MARINE CORPS
CIVILIAN PERSONNEL DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO
12410
CPD
12 Mar 85

From: Employee Development Superintendent
To: **Public Works**

Subj: TRAVEL ORDER INFORMATION: REQUEST FOR

Ref: (a) BO 12270.1

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 **14 Mar 85**.

2. DD Form 1610 will be completed by this office.

Linda H. Passingham
LINDA H. PASSINGHAM

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 H.
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)*:
7312 Archers' Creek Drive
Emerald Isle, NC 28557

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
Bldg. 1005, Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext: 919-451-3238

9. Continuous federal service – Years | Months

10. Number of prior non-government training days

11. Position title/function: Supervisory Civil Engineer

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS | 1810 | 12 | 4

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:
University of Wisconsin-Extension
702 Langdon Street
Madison, Wisconsin

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: Low-Cost Shore Protection, Course No. 5254 WI

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06

	Year	Month	Day
a. Start	85	03	26
b. Complete	85	03	27

c. Record ID

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

a. During duty	14
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 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
	$			$ 300	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)*: E. L. ROUSE, Design Director
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)*
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)*
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.

Low-Cost Shore Protection

March 26-27, 1985

About This Program

This course will examine the causes of shoreline erosion and the engineering principles applicable to the design and construction of protective devices. This course will help you select and apply low-cost protective methods to your shoreline erosion problems. You will discuss the information presented in the *Low-Cost Shore Protection Final Report on the Shoreline Erosion Control Demonstration Program, 1981*, by the U.S. Army Corps of Engineers.

The topics will include bulkheads, seawalls, revetments, breakwaters, sills, groins and nonstructural devices. You will evaluate materials used to prevent shoreline erosion including filter cloth, rubber tires, sand bags, concrete rubble, concrete blocks, gabions, longard tubes, stone, asphalt and vegetation.

Who Should Attend

If you are a private owner or unit of government owning land along the sea coast, great lakes or other body of water subject to wave erosion, you should plan to attend this course. The material presented will be somewhat technical in nature, but you do not need background in coastal engineering.

Environmental Impact

Citizen and government agencies are concerned about how construction designed to reduce shoreline erosion affects the ecosystems in and out of the water. The course discussion will include the effect of various shore protection methods on the ecosystems. No protection may do more damage than a properly designed system.

University of Wisconsin-Extension

#5254
Low-Cost Shore Protection
March 26-27, 1985

University of Wisconsin-Extension
Department of Engineering
and Applied Science
432 North Lake Street
Madison, Wisconsin 53706

UW-Extension p

28542 FITCH
010366 Bob Alexander
A C/S Fac
SPEC MGR
PUB WKS DPT BLD 1005
MARINE CORPS BASE
CAMP LEJEUNE NC
28542

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WISCONSIN MADISON
Nonprofit Organization
PAID
Permit No. 1425

University of Wisconsin-Extension

Department of Engineering
and Applied Science

Low-Cost Shore Protection

Entire New River Shoreland

A program for owners and government agencies

March 26-27, 1985

Enrollment Form

1556

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, and request:

Program Director, Rolf Killingstad or
Program Assistant, Ruth McDowell
(Direct phone 608-262-3748)

☐ Please enroll me in Course No. 5254 W I
Low-Cost Shore Protection
March 26-27, 1985
Fee: $300 (1.2 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 readily accessible educational record.

Low-Cost Shore Protection

March 26-27, 1985

A program for owners and government agencies

Tuesday, March 26, 1985

8:00 **Registration**
The Wisconsin Center
702 Langdon Street
Madison, WI

8:25 **Orientation**
Rolf Killingstad, Program Director
Department of Engineering & Applied Science,
Madison, WI

8:30 **Introduction and Background**
Jim Dunham, Consultant
Long Beach, California

9:00 **Erosion Processes and Need for Shore Protection**
Craig H. Everts, Ph.D.
Coastal Scientist
Moffatt & Nichol, Engineers
Long Beach, California

10:00 **Coffee and Conversation**

10:20 **Erosion Processes and Need for Shore Protection** (continued)

11:20 **Design Criteria**
- Waves • Currents
- Littoral Transport • Geotechnical
- Survey Data • Aesthetics
- Size of Armor Units
- Requirements for Filters
- Installation • Access Considerations
- Length of Service • Recurrence Intervals
- Effect of Protection on Beach

12:30 **Lunch**–The Wisconsin Center

1:30 **Design Criteria** (continued)

3:20 **Soft Drink Break**

3:40 **Types of Protection Products Used**
Jim Dunham

4:30 **Adjourn to Social Hour**–Cash bar

Wednesday, March 27

8:00 **Summary of U.S. Army Corps of Engineers' *Low-Cost Shore Protection Final Report on the Shoreline Erosion Control Demonstration Program, 1981.***
James R. Walker

8:30 **Experiences and Case Studies**
Tom Bender
Buffalo District
U.S. Army Corps of Engineers
David Edwards
City Engineer
Alameda, California
Charles Johnson
U.S. Army Engineer
Division Northeast
Chicago, Illinois
Lem Vallianos
Moffat & Nichol, Engineers
Long Beach, California

12:00 **Lunch**–The Wisconsin Center

1:00 **Program Continues**

2:00 **Convene Panel of Day's Speakers**
James R. Walker, Moderator

3:00 **Final Adjournment**

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 Mississippi Valley airlines serve Madison. Please make your own reservations.

Location The Wisconsin Center, 702 Langdon Street, Madison, Wisconsin.

The Guest House