

27 F 11

| TRAVEL VOUCHER OR SUBVOUCHER (Complete with ink, ball-point pen or typewriter, DO NOT use lead pencil.) | | | | BUREAU YOU NO. | SUBVOUCHER NO. | DO VOUCHER NO. | |
|---|----------------|------------|--|------------------|----------------|----------------|---------|
| PAYMENT FOR | | | | PAYMENT DESIRED | | | PAID BY |
| TDY/TAD PER DIEM | TDY/TAD TRAVEL | PCS TRAVEL | | CHECK | CASH | | |
| TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date. Include amending orders.) SO 103 HQ USA STRAT COMM SIC GPHI | | | | 13 JUN 69 | | | |
| PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., date received, place paid, or DO Station No. If none, so state.) NONE | | | | 351-30-3333 | | | |
| LAST NAME-FIRST NAME-MIDDLE INITIAL (Soundex Code) (Print/Type) ABBOTT, CHARLES W. | | | | GRADE/RANK | SERVICE NO. | | |
| CHECK MAILING ADDRESS (Include Zip Code) 17839 COMM GPO, Rte. 1, Box 604, RR 1, Louisville, KY 40218 | | | | DUTY PHONE NO. | | | |
| ORGANIZATION AND STATION USA SP PHOTO DET (PAO) | | | | APO 96558 | | | |

| ITINERARY (See Reverse for Definition) | | | | | | | | | | II. FOR DO USE ONLY | |
|--|---|---|-------------------|--------------------|-------------|----------------------|----------------------|-------------|------|--|-----------------|
| DATE 19 69 | LOCAL STANDARD TIME (24 Hour Clock) | PLACE (Base, Activity, City and State; City and Country, Etc.) | MODE OF TRAVEL | REASON FOR STOP | GOVT QTS | NON-GOVT QTS USED | NUMBER MEALS USED | | | SPEED- OMETER READING OR MILEAGE | 1. COMPUTATIONS |
| | | | | | | | USED | NOT USED | GOVT | | |
| 26 JUL | DEP 1000 | UNIT | 6V | | | | | | | 2da 8.00 | 16.00 |
| 26 JUL | ARR 1100 | | | | | | | | | less | |
| 26 JUL | DEP 1600 | HONOLULU | 6P | | | | | | | 3m 91.12 | |
| 26 JUL | ARR 2300 | | | | | | | | | 3m 92.25 | 10.11 |
| 27 JUL | DEP 0300 | TAF B | 6B | | | | | | | | |
| 27 JUL | ARR 0400 | | | | | | | | | | |
| | DEP | | | | | | | | | | |
| | ARR | | | | | | | | | | |
| | DEP | | | | | | | | | | |
| | ARR | | | | | | | | | | |
| | DEP | | | | | | | | | | |
| | ARR | | | | | | | | | | 5.80 |

| REIMBURSABLE EXPENSES | | | | | III. | |
|-----------------------|------------------------|--|--|-------------------|---------|-------------------------------|
| DATE | NATURE AND EXPLANATION | | | AMOUNT CLAIMED | ALLOWED | BAS/COLA ADJ. ON MPR |
| | | | | | | |
| | | | | | | BAS/COLA ADJ. NOT REQUIRED |
| | | | | | | BAS/COLA RATE |

| IV. TRANSPORTATION REQUESTS/MEAL TICKETS USED | | | | | DD 753 | OTD |
|---|------|--|----|--|--------|-----|
| NUMBER | FROM | | TO | | Hwy | CC |
| | | | | | | |
| | | | | | | |

| V. CHARGES-BQ OR NON-GOVT MEALS AND QTS | | | | | VI. LEAVE STATEMENT | |
|---|-----------|------|------|------------|---|------|
| FROM (Date) | TO (Date) | TYPE | RATE | TOTAL PAID | PER DIEM (Net Payable) | 5.89 |
| | | | | | MILEAGE OR TRANSPOR- TATION ALLOWANCES | |
| | | | | | REIMBURSABLE EXPENSES | |
| | | | | | TOTAL AMOUNT DUE | 5.89 |
| | | | | | LESS PREVIOUS PAY- MENTS (Dropage) | |
| | | | | | AMOUNT CHARGED TO ACCOUNTING CLASS. | |
| | | | | | LESS VOUCHER DEDUCTIONS | 5.87 |

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.

SIGNATURE OF CLAIMANT AND DATE

27 Jul 69

ACCOUNTING CLASSIFICATION:

2102010 01-401 P1454 S99999

5.89

COLLECTION DATA:

| | | | | |
|--------------------------|------------|-----------------------|---|----------------|
| COMPUTED BY EF | AUDITED BY | TVL RCRD POSTED BY | RECEIVED (Payee signature & date, or check no.) | AMOUNT PAID |
|--------------------------|------------|-----------------------|---|----------------|

DD FORM 1 JUL 65 1351-2

PREVIOUS EDITION IS OBSOLETE.
REPLACES DD FORM 1351-3, DATED SEP 61, WHICH IS OBSOLETE.

FORM APPROVED BY COMPTROLLER GENERAL, U.S. 2 JUNE 1965

Photocopy - Information removed

| APPLICATION FOR SHIPMENT OF HOUSEHOLD GOODS | | | U.S. AIR FORCE | | |
|---|--|--|--|----------------------------------|--|
| STATION HONOLULU, HAWAII <small>Last Name—First Name—Middle Initial</small> | | 2. DATE 30 JUN 69 | | 3. SHIPMENT NUMBER ONE | |
| SHIPMENT DESIGNATED CHARLES W. BOTT <small>Unit to nearest shipping officer</small> | | 5. GRADE, RANK OR RATING EFS | | 6. SERVICE NO./SSAN | |
| 7. OFFICIAL HOME (City & state) LAKESIDE, IL. | | | | | |
| TRANS O. USARSHAW APO SF 96558 | | | 400* POUNDS OR | | |
| REQUESTED THAT ACTION BE TAKEN TO TRANSPORT APPROXIMATELY | | | POUNDS OF HOUSEHOLD GOODS | | |
| SHIPMENT INCLUDES APPROXIMATELY None | | | POUNDS OF PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT. | | |
| SHIPMENT IS REQUIRED INCIDENT TO <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY CHANGE OF STATION ORDERS | | | | | |
| BY DA HQ USAF STATION 610 CP HAWAII APO BP 95557 | | | PARAGRAPH NUMBER 60 103 | | |
| DATE OF 13 JUN 69 | | | ORDER NUMBER | | |
| ORDERED ME TO DUTY AT USAFTEPC USAFERSCH OAKLAND CALIF | | | | | |
| SHIPPED FROM (Street address, city and state) 50 KAHUHU ST, APT 707, HONOLULU, HAWAII | | | 12. DATE INSPECTION MAY BE MADE | | |
| SHIPPED TO (Street address, city and state) 339 COMMERCIAL AVE, LAESING, ILLINOIS 60438 MR ERNEST NORMAN F ALBOTT | | | 13. TELEPHONE NUMBER D-953859 C-3416836 | | |
| IF SHIPMENT REQUESTED (Check) | | | 15. AGENT DESIGNATED TO RECEIVE THE PROPERTY AT DESTINATION | | |
| SHIPPED BY PROPERTY OWNER <input checked="" type="checkbox"/> DESIGNATED BY <input type="checkbox"/> SHIPPING OFFICER | | | 17. DATE SHIPMENT REQUIRED AT DESTINATION | | |
| DATE OF PICK-UP TRANS 1761 1761 JUL 69 | | | 18. SHIPMENT INCLUDES (Check) <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> CONSOLE RADIO <input type="checkbox"/> DEEP FREEZE <input type="checkbox"/> PIANO <input type="checkbox"/> REFRIGERATOR <input type="checkbox"/> STOVE <input type="checkbox"/> TELEVISION <input type="checkbox"/> WASHING MACHINE <input type="checkbox"/> OTHER (Specify) | | |
| I STATE THAT THIS SHIPMENT CONSISTS OF PROPERTY WHICH WAS IN MY POSSESSION PRIOR TO THE EFFECTIVE DATE OF MY TRAVEL ORDERS. ORDERS ARE MODIFIED OR CANCELLED AND AFFECT THIS SHIPMENT, I WILL IMMEDIATELY NOTIFY THE SHIPPING OFFICER AT POINT OF ORIGIN (Or port, if any) DESTINATION. | | | | | |
| REMIT THE PROPER AMOUNT OR PERMIT THE APPLICATION OF AS MUCH OF MY PAY AS MAY BE NECESSARY TO COVER ALL EXCESS COST OCCASIONED BY THIS SHIPMENT. I NOT AND WILL NOT MAKE CLAIM FOR THE TRAILER ALLOWANCE. | | | | | |
| (CHECK WHEN APPLICABLE) | | | | | |
| PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT ARE OR WERE NECESSARY IN THE PERFORMANCE OF MY OFFICIAL DUTIES | | | | | |
| REQUESTED THAT MY HOUSEHOLD GOODS BE PLACED IN STORAGE AT <input type="checkbox"/> ORIGIN <input type="checkbox"/> DESTINATION | | | | | |
| PREVIOUS SHIPMENTS UNDER IDENTICAL ORDERS (If none, indicate "None") | | | | | |
| FROM None | TO CP TRANS OFFICER IS PT SOUTHERN, ILL. | BILL OF LADING, CONTRACT OR PURCHASE ORDER NO. (If known) c | POUNDS HOUSEHOLD GOODS | | POUNDS PRO- FESSIONAL BOOKS, PAPERS AND EQUIPMENT |
| | | | UNPACKED d | PACKED e | |
| RE: OF APPLICANT Charles W. Bott | | | | | |
| ACME BAG ALLOW: 400* | | | | | |
| CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE (To be accomplished only by the Commanding Officer or his authorized representative, by signature or official seal) | | | | | |
| I PROPERTY IS PERSONAL BAGGAGE, HOUSEHOLD GOODS, OR PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT AUTHORIZED TO BE SHIPPED AT GOVERNMENT EXPENSE. | | | | | |
| NONAVAILABILITY OF SIGNATURE  | | | CERTIFIED BY (Signature) | | |
| DR SHIPMENT | | | TITLE | | |
| CERTIFICATE OF SHIPPING OFFICER | | | | | |
| SHIPMENT DESIGNATED | | | BILL OF LADING NUMBER | | |
| SHIPMENT USED | | | CONTRACT NUMBER | | |
| OF PACKING, CRATING, AND HAULING (When required by the service concerned) | | | PURCHASE ORDER NUMBER | | |
| <input checked="" type="checkbox"/> GOVERNMENT <input type="checkbox"/> COMMERCIAL | | | | | |
| HOUSEHOLD GOODS | | POUNDS PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT | | SIGNATURE OF SHIPPING OFFICER | |

Original in Restricted File

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

PAGE NO. NO. OF PAGES

| | | | | |
|--|--|--|------------------------|--------------|
| CONTRACTOR OR CARRIER HAWAIIAN PACKING & CRATING CO., LTD., | AGENT 7/16/69 | CARRIER'S REFERENCE NO. A-694-69 | | |
| OWNER'S GRADE OR RATING AND NAME ABBOTT, CHARLES W., SP5 | CONTRACT OR GBL. NO. | | | |
| ORIGIN LOADING ADDRESS 1605 KAHUNU ST., APT. 707, HONOLULU, HAWAII | CITY 1605 KAHUNU ST., APT. 707, HONOLULU, HAWAII | STATE HAWAII | GOVT. SERVICE ORDER NO | |
| DESTINATION LANSING, ILLINOIS | | | VAN NUMBER | |
| EXCEPTION SYMBOLS | | | | |
| BE-BENT | D-DENTED | MO-MOTHEATEN | R-RUBBED | SO-SOILED |
| BR-BROKEN | F-FADED | PBC-PACKED BY | RU-RUSTED | T-TORN |
| BU-BURNED | G-GOUGED | CARRIER | SC-SCRATCHED | W-BADLY WORN |
| CH-CHIPPED | L-LOOSE | PBO-PACKED BY | SH-SHORT | Z-CRACKED |
| CU-CONTENTS & CONDITION UNKNOWN | M-MARRED | OWNER | | |
| NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR. | | | | |
| LOCATION SYMBOLS | | | | |
| 1. ARM 6. LEG | | | | |
| 2. BOTTOM 7. REAR | | | | |
| 3. CORNER 8. RIGHT | | | | |
| 4. FRONT 9. SIDE | | | | |
| 5. LEFT | | | | |
| 10. [REDACTED] | | | | |
| 11. VENEER | | | | |

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR.

| ITEM NO. | CR. REF. | ARTICLES | CONDITION AT ORIGIN | EXCEPTIONS (IF ANY) AT DESTINATION | ITEM NO. | CR. REF. | ARTICLES | CONDITION AT ORIGIN | EXCEPTIONS (IF ANY) AT DESTINATION |
|----------|----------|---|---------------------|------------------------------------|----------|----------|----------|---------------------|------------------------------------|
| 1 | | Td Ctn - Books, Films, Clothes | 1 | Misc - PBC | | | | | TRAN TABLE |
| 2 | | Td Ctn - Tape Recorder, Speaker, Am/FM Tuner Amplifier, | | | | | | | |
| 3 | | Td Ctn - Films, Tapes, Misc - PBC | | | | | | | |
| 4 | | | | 4 | | | | | |
| 5 | | | | 5 | | | | | |
| 6 | | | | 6 | | | | | |
| 7 | | | | 7 | | | | | |
| 8 | | | | 8 | | | | | |
| 9 | | | | 9 | | | | | |
| 0 | | | | 0 | | | | | |
| 1 | | | | 1 | | | | | |
| 2 | | | | 2 | | | | | |
| 3 | | | | 3 | | | | | |
| 4 | | | | 4 | | | | | |
| 5 | | | | 5 | | | | | |
| 6 | | | | 6 | | | | | |
| 7 | | | | 7 | | | | | |
| 8 | | | | 8 | | | | | |
| 9 | | | | 9 | | | | | |
| 0 | | | | 0 | | | | | |

ITEM **REMARKS/EXCEPTIONS** _____
NO. _____

"We have checked all the items listed and numbered 1 to _____ inclusive and acknowledge that this is a true and complete list of the goods tendered. Carrier will not honor claim for damage unless exceptions for damage are made at time of delivery."

| | | | | | |
|--|---------------------------|-------|------------------------|--|------|
| CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) | | DATE | | CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) | DATE |
| AT ORIGIN | (SIGNATURE) | 7/16/ | AT DESTI- NATION | (SIGNATURE) | DATE |
| | OWNER OR AUTHORIZED AGENT | | | | |
| (SIGNATURE) | | | | OWNER OR AUTHORIZED AGENT | |
| (SIGNATURE) | | | | (SIGNATURE) | |

PACKING LIST FOR CARRIERS USE ONLY

TOTALS