

27 F 11

<b>TRAVEL VOUCHER OR SUBVOUCHER</b> (Complete with ink, ball-point pen or typewriter, DO NOT use lead pencil.)			BUREAU YOU NO.	SUBVOUCHER NO.	DO VOUCHER NO.
				11	800 417
<b>PAYMENT FOR</b>			<b>PAYMENT DESIRED</b>		<b>PAID BY</b>
TDY/TAD PER DIEM	TDY/TAD TRAVEL	PCS TRAVEL	CHECK	CASH	
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date. Include amending orders.)					
50 103 HQ USA STRATCOMM SIG GPHI 13 JUN 69					
PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Vou 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)			GRADE/RANK	SERVICE NO.	
ABBOTT, CHARLES W.			ES/SP5	RA 16 871 417	
CHECK MAILING ADDRESS (Include Zip Code)			DUTY PHONE NO.		
17839 COMMERCIAL AVE					
LANSING, ILLINOIS 60438					
ORGANIZATION AND STATION					
USA SP PHOTO DET (PAC) APO 96558					

I. ITINERARY (See Reverse for Definition)										II. FOR DO USE ONLY	
DATE	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	NON-GOVT QTS USED	NUMBER MEALS USED			SPEEDOMETER READING OR MILEAGE	I. COMPUTATIONS
					USED	NOT USED	GOVT	NON-GOVT	OFFICERS OPEN MESS		
26 Jul 69	DEP 1000	UNIT	GV							2da 88.00	16.00
26 Jul	ARR 1100									less	
26 Jul	DEP 1600	HONOLULU	GP							3m 01.12	
26 Jul	ARR 2300									3m 02.25	10.11
27 Jul	DEP 0300	TAFB	GB								
27 Jul	ARR 0400										
	DEP	OAB									
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR			</							

PMV		APPLICATION FOR SHIPMENT OF HOUSEHOLD GOODS		UNACC BAGGAGE	
STATION <b>HONOLULU, HAWAII</b>		2. DATE <b>30 JUN 69</b>		3. SHIPMENT NUMBER <b>CHE</b>	
Last Name—First Name—Middle Initial <b>BOTT, CHARLES W.</b>		5. GRADE, RANK OR RATING <b>EPS</b>		6. SERVICE NO. / SSAN	
				7. OFFICIAL HOME (City & state) <b>LAKEVIEW, IL.</b>	
UNIT TO NEAREST SHIPPING OFFICER <b>TRANS O, USARHAW APO SF 96558</b>					
REQUESTED THAT ACTION BE TAKEN TO TRANSPORT APPROXIMATELY <b>400#</b>		POUNDS OR		ROOMS OF HOUSEHOLD GOODS	
SHIPMENT INCLUDES APPROXIMATELY <b>NONE</b>		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 <b>DA HQ USARHAW APO SF 96558</b>					
DATE OF <b>13 JUN 69</b>		PARAGRAPH NUMBER		ORDER NUMBER <b>80 101</b>	
ORDERED ME TO DUTY AT <b>USARHAW APO SF 96558 OAKLAND CALIF</b>					
SHIPPED FROM (Street address, city and state) <b>50 KANOE ST, APT 707, HONOLULU, HAWAII</b>		12. DATE INSPECTION MAY BE MADE		13. TELEPHONE NUMBER <b>D-861859 C-3416836</b>	
SHIPPED TO (Street address, city and state) <b>839 COMMERCIAL AVE, LAKEVIEW, ILLINOIS 60438</b>		15. AGENT DESIGNATED TO RECEIVE THE PROPERTY AT DESTINATION <b>MR NORMAN F ABBOTT</b>			
IF SHIPMENT REQUESTED (Check) <input type="checkbox"/> DESIGNED BY PROPERTY OWNER		17. DATE SHIPMENT REQUIRED AT DESTINATION <b>15 AUG 69</b>			
19. SHIPMENT INCLUDES (Check) <input type="checkbox"/> REFRIGERATOR		<input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> CONSOLE RADIO <input type="checkbox"/> DEEP FREEZE <input type="checkbox"/> PLANO <input type="checkbox"/> STOVE <input type="checkbox"/> TELEVISION <input type="checkbox"/> WASHING MACHINE <input type="checkbox"/> OTHER (Specify)			
IF 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 AM 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 a	TO b	BILL OF LADING, CONTRACT OR PURCHASE ORDER NO. (If known) c	POUNDS HOUSEHOLD GOODS UNPACKED d		POUNDS PRO- FESSIONAL BOOKS, PAPERS AND EQUIPMENT f
			PACKED e		
<b>NONE</b>					
<b>CP TRANS OFFICER IS FT MERIDIAN, ILL.</b>					
SIGNATURE OF APPLICANT <i>Charles W. Abbott</i>					
AUTH. BAG ALLOW: <b>400#</b>					
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)					
IF 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)					
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			SIGNATURE OF SHIPPING OFFICER		
HOUSEHOLD GOODS			POUNDS PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT		

Original in Restricted File

PAGE NO.	NO. OF PAGES
----------	--------------

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		<del>Td CTA - BOOKS, FILMS, CLOTHES</del>			1		<del>MISC. PBC</del>		
2		<del>Td CTN - TAPE RECORDER, SPEAKER, AM/FM TUNER</del>					<del>AMPLIFIER</del>		
3		<del>Td CTN - FILMS, TAPES</del>					<del>MISC. PBC</del>		
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				

*"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."*

### PACKING LIST FOR CARRIERS USE ONLY

FORM 1185