4

TRAVEL VOUCHER OR SUBVOUCHER

(Complete with ink, ball-point pen or typewriter, DO NOT use lead pencil.)

BUREAU VOU NO. | SUBVOUCHER NO. | DO VOUCHER NO. 104247

PAYMENT FOR: [X] TDY/TAD PER DIEM | TDY/TAD TRAVEL | PCS TRAVEL

PAYMENT DESIRED: CHECK | CASH

PAID BY

Ft McPherson, Ga.
Symbol No. 5077
15 DEC 1971

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

Order Nr. 10000, HQ TUSA dtd 3 Dec 71

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

LAST NAME–FIRST NAME–MIDDLE INITIAL *(Soundex Code) (Print/Type)*	GRADE/RANK	SERVICE NO.
Lane, James W	CPT	

CHECK MAILING ADDRESS *(Include Zip Code)*: HQ TUSA JA Office, Ft McPherson, Ga

DUTY PHONE NO.: 2905/3267

ORGANIZATION AND STATION: HQ TUSA JA Office, Ft McPherson, Ga

I. ITINERARY *(See Reverse for Definition)*

DATE 1971 Dec		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	NON-GOVT	OFFICERS OPEN MESS	SPEEDOMETER READING OR MILEAGE
3	DEP	0800	Atlanta, Ga	AP								
3	ARR	0905	Ft Gordon, Ga		TDY							
3	DEP	2030	"	AP								
3	ARR	1950	Atlanta, Ga		TDY							
	DEP											
	ARR											
	DEP											
	ARR											
	DEP											
	ARR											
	DEP											
	ARR											

II. FOR DO USE ONLY

1. COMPUTATIONS

7211.30

III. REIMBURSABLE EXPENSES

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED
3 Dec	cab fare to airport $3.90	$3.90	3.70
" "	rr " $3.90	$3.90	3.70

BAS/COLA ADJ ON MPR

BAS/COLA ADJ NOT REQUIRED

BAS/COLA RATE

IV. TRANSPORTATION REQUESTS/MEAL TICKETS USED

NUMBER	FROM	TO
R2,846,731	Atlanta, Ga	Augusta Ga & return

DD 753 | OID | HWY | CC

V. CHANGES–ROQ OR NON-GOVT MEALS AND QTS

FROM (Date)	TO (Date)	TYPE	RATE	TOTAL PAID
No govt meals or lodgings				

VI. LEAVE STATEMENT

I was authorized _____ days leave. _____ days were taken between _____ and _____ inclusive.

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

JAMES W LANE, CPT JAGC 9 Dec 71

2. SUMMARY OF PAYMENT

PER DIEM *(Net Payable)*	3.70
MILEAGE OR TRANSPORTATION ALLOWANCES	
REIMBURSABLE EXPENSES	7.60
TOTAL AMOUNT DUE	13.70
LESS PREVIOUS PAYMENTS *(Drop page)*	
AMOUNT CHARGED TO ACCOUNT'G CLASS.	
LESS VOUCHER DEDUCTIONS	

ACCOUNTING CLASSIFICATION:

2122020 53-7200 P950000.2190 S03177 ARC W946 BVN-14

13.70

COLLECTION DATA: