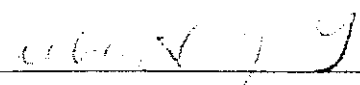


TRAVEL VOUCHER OR SUBVOUCHER <small>(Complete with ink, ball-point pen or typewriter, DO NOT use lead pencil.)</small>										BUREAU VOU NO.		SUBVOUCHER NO.		DO VOUCHER NO.					
PAYMENT FOR										PAYMENT DESIRED				PAID BY					
TADY/TAD PER DIEM			TADY/TAD TRAVEL			PCS TRAVEL			CHECK			CASH			<div style="text-align: right; font-size: 1.5em; font-family: cursive;"> 170.42 249.45 <hr/> 419.87 </div>				
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date. Include amending orders.) P21 S027 APO 96266 27JAN70//																			
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) GERACI, ALBERT J.										GRADE/RANK O-6		SERVICE NO. 1							
CHECK MAILING ADDRESS (Include Zip Code)										DATE RECEIVED									
ORGANIZATION AND STATION HMC USASESS, FT. GORDON, GA. CO OF SIGNAL BDE.																			
I. ITINERARY (See Reverse for Definition)																			
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 NOT USED		NON-GOVT QTS USED		NUMBER MEALS USED		SPEED- OMETER READING OR MILEAGE		II. FOR DO USE ONLY	
70																		1. COMPUTATIONS	
6 JUN	DEP	0800	LONG BINH, RVN		GA											1 da 02.00-		26.00	
6 JUN	ARR	0830	BIEN HOA, RVN		AT											LESS 3mls 03.64-		(10.92)	
7 JUN	DEP	0600			GP											LESS QTRS 012.00-		(13.00)	
7 JUN	ARR	1030	TRAVIS AB, CA.		AT											1 da 02.50-		2.50	
7 JUN	DEP	1130			PA											1 da 08.00-		8.00	
14 JUN	ARR	2000	FT. GORDON, GA.		HMC											LESS 3mls 01.1200-		(3.36)	
	DEP															1 da 02.50-		2.50	
	ARR																	11.72	
	DEP															264.5ml 064-		158.70	
	ARR																	170.42	
	DEP																		
	ARR																		
	DEP																		
	ARR																		
III. REIMBURSABLE EXPENSES																			
DATE		NATURE AND EXPLANATION										AMOUNT CLAIMED		ALLOWED		BAS/COLA ADJ ON MPR			
7JUN70		BAGGAGE TIPS AT TRAVIS AB, CA. 3 BAGS										.75							
																BAS/COLA ADJ NOT REQUIRED			
																BAS/COLA RATE			
IV. TRANSPORTATION REQUESTS/MEAL TICKETS USED																			
NUMBER		FROM										TO		DD 753		OTD			
		NONE												HIWY		CC			
V. CHARGES—BOQ OR NON-GOVT MEALS AND QTS																			
FROM (Date)		TO (Date)		TYPE		RATE		TOTAL PAID		VI. LEAVE STATEMENT				PER DIEM (Net Payable)					
										I was authorized _____ days				MILEAGE OR TRANSPORTATION ALLOWANCES		11.72			
										leave _____ days were taken				REIMBURSABLE EXPENSES		158.70			
										between _____ and _____				TOTAL AMOUNT DUE		170.42			
										inclusive.				LESS PREVIOUS PAYMENTS (Droppage)		170.42			
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 				AMOUNT CHARGED TO ACCOUNT/G CLASS.					
ACCOUNTING CLASSIFICATION: 2112010 01-401 P1451 S99999														LESS VOUCHER DEDUCTIONS					
COLLECTION DATA:																			
COMPUTED BY ES		AUDITED BY		TVL RCRD POSTED BY		RECEIVED (Payee signature & date, or check no.)						AMOUNT PAID		170.42					

VOUCHER OR CLAIM FOR DEPENDENT TRAVEL AND DISLOCATION OR TRAILER ALLOWANCE <small>(Complete with ink, ball-point pen or typewriter, DO NOT use lead pencil.)</small>		Use reverse for continuation of items identifying by item numbers.		BUREAU VOU NO.	SUBVOUCHER NO.	DO VOUCHER NO.
PAYMENT FOR				PAYMENT DESIRED		PAID BY
MILEAGE (Civ Empl)		<input checked="" type="checkbox"/> MONETARY ALW IN LIEU OF TRNSPN (Member)		<input checked="" type="checkbox"/> CASH		
<input checked="" type="checkbox"/> DLA (Member) (See reverse)		TLR ALW (Member)		CHECK		
ACTUAL TRNSPN COST (Member/Civ Empl)		OTHER (Specify)				
TRAVEL AUTHORITY (PCS Orders, Dependent Travel Authorization, if issued, etc.) P21 3027 APO 96266 27JAN70						
LAST NAME-FIRST NAME-MIDDLE INITIAL (Print/Type) GERACI, ALBERT J.				GRADE/RANK O-6		
CHECK MAILING ADDRESS				DUTY PHONE NO.		
ORGANIZATION AND STATION PMC USASESS, FT. GORDON, GA. CO OF SIGNAL BDE.						
I. DEPENDENTS TRAVEL						
The following persons were my dependents on effective date and performed travel as claimed under authority stated above, with intent of establishing a bona fide residence at destination. None of the dependents shown was a member of the uniformed services on active duty. Travel covered by this claim represents the entire travel of all my dependents on this change of station except as indicated in remarks on reverse.						
NAME	RELATIONSHIP	BIRTHDATE OF CHILDREN	MODE OF TRNSPN (TR No. when used)	FROM	TO	
GERACI, BARBARA	WIFE	DOM:1NOV49	PA	ANNANDALE, VA.	FT. GORDON, GA.	
STEPHEN S. GERACI	SON	14MAY52				
MARTHA L. GERACI	DAU	4FEB55				
I DO NOT OWN A HOUSE TRAILER. FIRST PCS MOVE THIS FISCAL YR.						
TRAVEL FROM (Check one)				TRAVEL TO (Check one)		
<input type="checkbox"/> LAST PERMANENT STATION				<input checked="" type="checkbox"/> NEW PERMANENT STATION		
<input checked="" type="checkbox"/> OTHER THAN LAST PERMANENT STATION				OTHER THAN NEW PERMANENT STATION (Complete bona fide residence block below)		
HOME OR PLACE FROM WHICH LAST ORDERED TO ACTIVE DUTY				FIRST PERMANENT STATION		
LAST DUTY STATION				HOME, HOME OF SELECTION, OR PLACE FROM WHICH ORDERED TO ACTIVE DUTY		
ROUND TRIP TRAVEL IN CONNECTION WITH CIVILIAN EMPLOYEES RENEWAL AGREEMENT						
BONA FIDE RESIDENCE: UNTIL FURTHER GOVERNMENT TRANSPORTATION IS AUTHORIZED (7001, JTR) DEPENDENTS WILL ESTABLISH A BONA FIDE RESIDENCE. (Show complete address.)						
DEPENDENTS ADDRESS ON RECEIPT OF ABOVE TRAVEL AUTHORIZATION				4735 PARKMAN COURT, ANNANDALE, VA.		
ADDRESS TO WHICH DEPENDENTS LAST TRANSPORTED AT GOVERNMENT EXPENSE				SAME AS ABOVE		
II. DEPENDENTS ACTUAL TRAVEL						
				TO (Complete Address) 29 MAGLIN TERRACE, FT. GORDON, GA.		
DATE TRAVEL 26JUN70	DATE TRAVEL 15JUL70	PORT OF DEPARTURE (Include APOE)	PORT OF ARRIVAL (Include APOD)	SPEEDOMETER READING		
				TO		
III. OVERSEAS RETURNEE - DEPENDENTS DID NOT TRAVEL OVERSEAS						
PERMANENT STATION PRIOR TO OVERSEAS ASSIGNMENT WASHINGTON, D.C. (RAD PENTAGON)			GRADE AT DEPARTURE O-5	US REENTRY PORT TRAVIS AE, CA.		
ADDRESS OF DEPENDENT VA.				AT GOVERNMENT EXPENSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
IV. REIMBURSABLE EXPENSES						
DATE	NATURE AND EXPLANATION			AMOUNT CLAIMED	ALLOWED	
	MILEAGE FR. ANNADALE, VA TO AUGUSTA, GA 529mi @15¢ = 79.35			79.35	79.35	
	DLA				170.10	
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		
ACCOUNTING CLASSIFICATION					COMPUTATIONS	
2112010 01-402 P1451 999999 2112010 01-404 P1451 999999 2112010 01-404 P1451 999999					79.35 170.10 (CZ) 249.45 (CZ)	
COMPUTED BY bs	AUDITED BY	TRAVEL RCOD POSTED BY	RECEIVED (Payee signature & date, or check no.)		AMOUNT PAID 249.45	