

TRAVEL VOUCHER OR SUBVOUCHER

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

BUREAU VOU
INO.

SUBVOUCHER NO.

DO VOUCHER NO.

PAYMENT FOR

PAYMENT DESIRED

TDY/TAD PER DIEM	TDY/TAD TRAVEL	PCS TRAVEL	CHECK	CASH
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TRAVEL ORDERS (Paragraph, S.O. No., Issuing HQ., Date. Include amending orders.)

P21 5027 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

0-6

SERVICE NO.

CHECK MAILING ADDRESS (Include Zip Code)

ORGANIZATION AND STATION

HEC USASESS, FT. GORDON, GA. CO OF SIGNAL BDE.

I.

ITINERARY (See Reverse for Definition)

II. FOR DO USE ONLY

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		NON- GOVT QTS	NUMBER MEALS USED			SPEED- OMETER READING OR MILEAGE
					USED	NOT USED		GOVT	NON- GOVT	OFFICERS OPEN MESS	
7JUN	DEP	0800 LONG BINH, RVN	GA	AT							1 da 02.50- 26.00
7JUN	ARR	0830 BIEN HOA, RVN	AT								LESS 3 miles 03.64- (10.92)
7JUN	DEP	0600	CP								LESS QTR 012.00- (13.00)
7JUN	ARR	1030 TRAVIS AB, CA.	AT								1 da 02.50- 2.50
7JUN	DEP	1130	PA								1 da 02.00- 8.00
14JUN	ARR	2000 FT. GORDON, GA.	MPC								LESS 3 miles 01.12ea- (3.36)
	DEP										1 da 02.50- 2.50
	ARR										11.72
	DEP										264.5mi 064- 158.70
	ARR										170.42
	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

DD 753

QTD

NUMBER

FROM

TO

HIWY

CC

NONE

2. SUMMARY OF PAYMENT

V. CHARGES-BQG OR NON-GOVT MEALS AND QTS

VI. LEAVE STATEMENT

FROM (Date)	TO (Date)	TYPE	RATE	TOTAL PAID

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

PER DIEM (Net Payable)	11.72
MILEAGE OR TRANSPOR- TATION ALLOWANCES	158.70
REIMBURSABLE EXPENSES	
TOTAL AMOUNT DUE	170.42
LESS PREVIOUS PAY- MENTS (Droppage)	
AMOUNT CHARGED TO ACCOUNT'G CLASS.	170.42
LESS VOUCHER DEDUCTIONS	

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

X

170.42

ACCOUNTING CLASSIFICATION:

2112010 01-461 P1451 S99999

11 DAYS TTA LV: NONE

COLLECTION DATA:

COMPUTED BY

AUDITED BY

TBL RCRD
POSTED BY

RECEIVED (Payee signature & date, or check no.)

AMOUNT
PAID

170.42

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

VOUCHER OR CLAIM FOR DEPENDENT TRAVEL AND DISLOCATION OR TRAILER ALLOWANCE (Complete with ink, ball-point pen or typewriter, DO NOT use lead pencil.)		Use reverse for continuation of items identifying by item numbers.	BUREAU VOU NO.	SUBVOUCHER NO.	DO VOUCHER NO.
PAYMENT FOR		PAYMENT DESIRED		PAID BY	
<input checked="" type="checkbox"/> 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 27JUN70					
LAST NAME-FIRST NAME-MIDDLE INITIAL (Print/Type) GERACI, ALBERT J.		GRADE/RANK O-6			
CHECK MAILING ADDRESS		DUTY PHONE NO.			
ORGANIZATION AND STATION FMC BASES, 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 GERACI, XINICKER BARBARA	RELATIONSHIP WIFE	BIRTHDATE OF CHILDREN DOM:1NOV49	MODE OF TRNSPN (TR No. when used) PA	FROM ANNANDALE, VA.	TO FT. GORDON, GA.
STEPHEN S. GERACI	SON	14MAY52			
MARINA 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 checked="" 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					
DATE TRAVEL BEGAN 26JUN70	DATE TRAVEL COMPLETED 15JUL70	PORT OF DEPARTURE (Include APOE) VA.	TO (Complete Address) 29 MAGLIN TERRACE, FT. GORDON, GA.	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 AF, CA.	AT GOVERNMENT EXPENSE	
<input checked="" type="checkbox"/> I TRAVELED I I I		<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
IV. REIMBURSABLE EXPENSES					
DATE	NATURE AND EXPLANATION MILEAGE FR. ANNADALE, VA TO AUGUSTA, GA 529mi \$154- 79.35			AMOUNT CLAIMED 79.35	ALLOWED 79.35
	DLA			170.10	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 <i>John S. Geraci</i>	
ACCOUNTING CLASSIFICATION 2112010 01-102 P1451 599999 2112010 01-101 P1451 599999 2112010 01-101 P1451 599999					
COMPUTATIONS 79.35 170.10 79.35 249.45 (C2)					
COMPUTED BY bs	AUDITED BY	TRAVEL RCRD POSTED BY	RECEIVED (Payee signature & date, or check no.)		AMOUNT PAID 249.45