

# FLIGHT CREW MEMBER MONTHLY MOVEMENT REPORT

TO : TREASURER  
VIA SUPERVISING PILOT

NAME (PRINT) John M<sup>c</sup>Rainey  
TITLE SFO  
PCS/PA STATION JAI00N  
MONTH & YEAR March 1965

(1) DATE	MOVEMENT		LOCATION						(10) AMOUNT OF PERDIEM (IN US\$)	(11) DEADHEAD TIME	LOGGED FLT TIME		(14) HAZARDOUS TIME	(15) NIGHT TIME	(16) REMARKS
	(2) STATUS	(3) AIRCRAFT NUMBER	(4) BREAK - FAST	(5) LUNCH	(6) DINNER	(7) MIDNITE SNACK	(8) ROOM	(9) RON			(12) COMPANY AIRCRAFT	(13) OTHER A/C			
1															
2															
3															
4															
5															
6															
7	Transit														TRANSIT
8	"														"
9	Training		TPE	TPE	TPE	X		TPE							
10			TPE	TPE	TPE										
11			TPE	TPE	TPE										
12			TPE	TPE	TPE										
13			TPE	TPE	TPE										
14			TPE	TPE	TPE										
15			TPE	TPE	TPE										
16			TPE	TPE	TPE										
17			TPE	TPE	TPE										
18			TPE	TPE	TPE										
19			TPE	TPE	TPE										
20			TPE	TPE	TPE										
21			TPE	TPE	TPE										
22			TPE	TPE	TPE										
23			TPE	TPE	TPE										
24			TPE	TPE	TPE										
25			TPE	TPE	TPE										
26			TPE	TPE	TPE										
27			HKG	HKG	HKG			HKG							
28			HKG	HKG	HKG										
29			HKG	HKG	HKG										
30			HKG	HKG	HKG										
31			BKK	BKK	BKK			BKK							
TOTAL															

CREW MEMBER'S SIGNATURE John C M<sup>c</sup>Rainey DATE REPORTED \_\_\_\_\_ CERTIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETION OF FLIGHT MOVEMENT REPORT**  
(Corresponding to column numbers)

1. DATE - THIS CORRESPONDS TO THE DAY OF THE MONTH.
2. STATUS - INDICATE FLIGHT DUTY, DEADHEAD, LEAVE, R & R, STANDBY, PROJECT ASSIGNMENT (BY NUMBER), OR DAY OFF. ACCOUNT FOR EVERY DAY OF THE MONTH.
3. A/C NUMBER - WHEN USING AIRCRAFT OWNED OR MAINTAINED BY THE COMPANY, INDICATE AIRCRAFT NUMBER. WHEN TESTING AIRCRAFT UNDER A SPECIFIC CONTRACT, INDICATE AIRCRAFT TYPE AND NUMBER. FOR ALL OTHER AIRCRAFT, LEAVE SPACE BLANK.
4. THRU 8 - LOCATIONS - USE COMPANY 3 LETTER OR NUMBER DESIGNATION FOR NAME OF CITY/SITE AT WHICH EXPENSE OCCURRED DURING THIS APPLICABLE TIME. IF MEALS OR HOUSING WERE PROVIDED BY THE COMPANY OR CUSTOMER, LEAVE SPACES BLANK.  
  
THESE MUST BE LEFT BLANK IF ON LEAVE, PROJECT ASSIGNMENT OR SCHEDULED TIME OFF (R & R).
9. RON - INDICATE RON ASSIGNMENT UNLESS ON LEAVE OR PROJECT ASSIGNMENT.
10. AMOUNT - EXCEPT FOR PROJECT ASSIGNMENTS, THIS AMOUNT WILL BE COMPUTED BY THE TREASURERS OFFICE AND WILL BE AUTOMATICALLY INCLUDED IN THE FOLLOWING MONTHS PAY CHECK. FOR PROJECT ASSIGNMENTS, INSERT THE AMOUNT AUTHORIZED.
11. DEADHEAD - FOR AUTHORIZED DEADHEADING, ENTER THE ACTUAL AIRBORNE TIME. THIS WILL BE SUBJECT TO ESTABLISHED SUPERVISORY APPROVALS BEFORE PAYMENT WILL BE MADE.
12. DAILY FLIGHT TIME - ENTER THE TOTAL FLIGHT TIME LOGGED FOR THE DAY.
13. FLIGHT TIME ON PROJECT ASSIGNMENTS - THESE COLUMNS ARE TO BE COMPLETED ONLY WHERE SUCH PROJECTS INVOLVE NON-COMPANY AIRCRAFT. ENTER THE TOTAL TIME LOGGED FOR THE DAY. ALL SUCH FLIGHT TIME IS SUBJECT TO ESTABLISHED SUPERVISORY APPROVALS.
14. HAZARDOUS TIME - ENTER THE LOGGED FLIGHT TIME WHICH QUALIFIES AS HAZARDOUS; IF IN CONJUNCTION WITH PROJECT ASSIGNMENTS; SUCH TIME IS SUBJECT TO ESTABLISHED APPROVALS.
15. CERTIFIED BY - THIS SHOULD BE THE CREW MEMBERS IMMEDIATE SUPERVISOR.

**NOTE:** THIS FORM MUST BE COMPLETED AND PASSED TO THE CREW MEMBERS IMMEDIATE SUPERVISOR BY THE THIRD DAY OF THE FOLLOWING MONTH.