

FLIGHT CREW MEMBER MONTHLY MOVEMENT REPORT

TO : TREASURER
VIA SUPERVISING PILOT

NAME (PRINT) JOHN M'RAY
TITLE CAPTAIN
PCS/PA STATION JAIGIN
MONTH & YEAR APRIL 1966

(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	FD	B 858						V01							
2	FD	B 858						V01							
3	OFF							V01							
4	OFF							V01							
5	OFF							V01							
6	OFF							V01							
7	FD	B 138	FD					V01							
8	FD	B 926		FD	BKK		BKK	BKK							
9	Co Bus		BKK	BKK	BKK		BKK	BKK							
10	Co Bus		BKK	BKK	BKK		BKK	BKK							
11	FD	B 926	BKK	BKK				V01							
12	OFF							V01							
13	OFF							V01							
14	FD	B 138						V01							
15	FD	B 928						V01							
16	FD	B 138	FD					V01							
17	OFF							V01							
18	FD	B 926	FD	FD				V01							
19	OFF							V01							
20	FD	B 928	FD					V01							
21	OFF							V01							
22	FD	B 926	FD					V01							
23	OFF							V01							
24	OFF							V01							
25	FD	B 926	FD					V01							
26	OFF							V01							
27	OFF							V01							
28	FD	B 138	FD					V01							
29	FD	B 926	FD					V01							
30	FD	B 926	FD	FD				V01							
31															
TOTAL															

CREW MEMBER'S SIGNATURE John C M'Rooney DATE REPORTED 4 MAY 1 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.