

FLIGHT CREW MEMBER MONTHLY MOVEMENT REPORT

TO : TREASURER
VIA SUPERVISING PILOT

NAME (PRINT) John McRAINEY
TITLE CAPTAIN
PCS/PA STATION SAIGON
MONTH & YEAR MAY 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	OFF							VOI							
2	OFF							VOI							
3	OFF							VOI							
4	OFF							VOI							
5	OFF							VOI							
6	OFF							VOI							
7	FID	B 138	FD					VOI							
8	FID	B 138	FD	FD				VOI							
9	FID	B 146	FD	FD				VOI							
10	FID	B 858	FD	FD				VOI							
11	FID	B 156	FD					VOI							
12	FID	B 858	FD					VOI							
13	OFF							VOI							
14	OFF							VOI							
15	FID	B 926		T09	T09		T09	T09							
16	CO BUS		T09	T09	T09		T09	T09							
17	CO BUS		T09	T09	T09		T09	T09							
18	FD	B 926	T09	FD				VOI							
19	FD	B 146	FD	FD				VOI							
20	FD	B 910	FD	FD				VOI							
21	FD	B 858	FD	FD	FD			VOI		0910 1750					
22	OFF							VOI							
23	OFF							VOI							
24	B 858	FD	FD	FD				VOI							
25	FD	B 858	FD	FD				VOI							
26	OFF							VOI							
27	OFF							VOI							
28	FD	B 146	FD	FD				VOI							
29	OFF							VOI							
30	CO BUS			HKG	HKG		HKG	HKG							
31	CO BUS		HKG	HKG	HKG		HKG	HKG							
TOTAL															

EW MEMBER'S SIGNATURE

J McRaney

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.