

FLIGHT CREW MEMBER MONTHLY MOVEMENT REPORT

TO : TREASURER
VIA SUPERVISING PILOT

NAME (PRINT) John McRAINEY
TITLE CAPTAIN
PCS/PA STATION SAIGON
MONTH & YEAR JULY 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	FD	B 910	FD					VOI							
6	FD	B 146	FD	FD				VOI							
7	FD	B 910	FD					VOI						+20	
8	FD	B 924						VOI							
9	OFF							VOI							
10	OFF							VOI							
11	OFF							VOI							
12	OFF							VOI							
13	FD	B 926	FD	FD				VOI						+24	
14	OFF							VOI							
15	FD	B 156						VOI							
16	FD	B 924	FD					VOI							
17	OFF							VOI							
18	FD	B 928						VOI							
19	OFF							VOI							
20	OFF							VOI							
21	OFF							VOI							
22	OFF							VOI							
23	OFF							VOI							
24	OFF							VOI							
25	OFF							VOI							
26	OFF							VOI							
27	OFF							VOI							
28	FD	B 924	FD	FD				VOI							
29	FD	B 928	FD					VOI							
30	FD	B 924	FD	FD				VOI						+09	
31	FD	B 858	FD	FD				VOI							
TOTAL															

CREW MEMBER'S SIGNATURE

J McRaney

DATE REPORTED 1 AUG. 66 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.

FLIGHT CREW PAY TIME & FLIGHT TIME WORK SHEET

NAME: McRAINEY, JC -- P.220 STATUS: Captain STATION: SGN MONTH: July, 1966.

DATE	A/C TYPE	A/C No.	FLIGHT CATEGORY	BLOCK TIME BY AIRCRAFT TYPE				AIRBORNE TIME	PAY ITEMS				
				C-46					FLIGHT PAY	PROJECT	NOTE	D/H	
1													
2													
3													
4													
5	C-46	910	1092	802				6:05		408			
6	"	146	"	709				6:03		323			
7	"	910	"	1016				9:31		532	020		
8	"	924	"	425				3:05		212			
9													
10													
11													
12													
13	C-46	926	1092	807				6:27		380	024		
14													
15	C-46	156	4395	803				5:45		317			
16	C-46	924	1092	655				4:31		431			
17													
18	C-46	928	1092	137				1:05		105			
19													
20													
21													
22													
23													
24													
25													
26													
27													
28	C-46	924	1092	834				7:17		407			
29	"	928	"	741				6:26		504			
30	"	924	"	821				5:38		430	009		
31	"	158	"	726				5:14		413			
TOTAL THIS MONTH				8642				67:07		4532	053		

TOTAL ALL TYPES:

SPACE BELOW FOR PAYMASTER USE

CON _____ HRS AT _____ \$ _____
 H/T _____ HRS AT _____ \$ _____
 D/H _____ HRS AT _____ \$ _____
 TOTAL \$ _____

SPACE BELOW FOR COST DEPT USE

PAY TIME BY CATEGORY	
CATEGORY	PAY TIME

H. Chayon