

**FLIGHT CREW MEMBER MONTHLY MOVEMENT REPORT**

TO : TREASURER  
 VIA SUPERVISING PILOT

NAME (PRINT) JOHN McRAINEY  
 TITLE CAPTAIN  
 PCS/PA STATION SAIGON  
 MONTH & YEAR AUGUST 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	FD	B 156						VOI							
3	OFF							VOI							
4	FD	B 910						VOI							
5	OFF							VOI							
6	OFF							VOI							
7	FD	B 924	FD	FD				VOI						+16	
8	FD	B 910		FD	FD		TRAINAN	TRAINAN						+49	
9	CO BUS		TPE	TPE	TPE		TPE	TPE							
10	CO BUS		TPE	TPE	TPE		TPE	TPE							
11	CO BUS		TPE	TPE	TPE		TRAINAN	TRAINAN							
12	FD	B 910	TRAINAN	FD				VOI							
13	FD	B 924	FD	FD				VOI							
14	OFF							VOI							
15	OFF							VOI							
16	OFF							VOI							
17	OFF							VOI							
18	FD	B 910	FD	FD				VOI							
19	FD	B 146						VOI						+13	
20	OFF							VOI							
21	OFF							VOI							
22	OFF							VOI							
23	OFF							VOI							
24	FD	B 910	FD	FD				VOI						+15	
25	OFF							VOI							
26	FD	B 858						VOI							
27	FD	B 926	FD	FD				VOI							
28	OFF							VOI							
29	OFF							VOI							
30	OFF							VOI							
31	OFF							VOI							
TOTAL															

CREW MEMBER'S SIGNATURE

*John 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 SPACS 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.