NAVCOMPT FORM 2020 (7 PT) (REV. 6-59)
Approved by
Comptroller General, U. S.
March 24, 1958

VOUCHER FOR REIMBURSEMENT FOR TRAVEL
(MILITARY PERSONNEL/DEPENDENTS)

D. O. VOUCHER NO.

BUREAU VOUCHER NO. 478

CCTS NRAO, NORFOLK, 5048
(0508) NAAS WHITING FIELD
PAID BY

NOV 1 1963

7461

DEPARTMENT, BUREAU OR ESTABLISHMENT
NAVY DEPT.

PAYEE (Name) | (Rank or rate) | (File or Service No.)
NOEL L. HARPER | 2/LT | 085642

MAILING ADDRESS
VT6, US NAAS WHITING FIELD, MILTON, FLA.

OFFICIAL DUTY STATION
SAME

TAD ORDER NO.
T-E 1183/64 dtd 10/25/63

	ITEMS REIMBURSABLE	AMOUNT
MEMBER'S TRAVEL	A. MILEAGE _____ miles at _____	
	B. MONETARY ALLOWANCE IN LIEU OF TRANSPORTATION: _____ miles at _____	
	C. PER DIEM: 10/29/63-10/30/63 PER NAVCOMPT 2021	5.30
	D. MISC. EXPENSES	
DEPENDENTS' TRAVEL	A. _____ person(s) _____ miles at _____	
	B. person(s) miles at	
DISLOCATION ALLOWANCE		
TRAILER ALLOWANCE	A. _____ miles at _____	
	B. miles at	
OTHER (Specify type)		

VOUCHER DEDUCTIONS				
	Applied to travel advance		TOTAL AMOUNT OF CLAIM	5.30
	Other		TOTAL VOUCHER DEDUCTIONS	
			NET AMOUNT TO TRAVELER	5.30

CERTIFIED CORRECT AND PROPER FOR PAYMENT

DATE: 1 Nov. 1963

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL
P. K. BUTLER, LTJG, SC, USNR F7461
By: Deputy

ACCOUNTING CLASSIFICATION

Appropriation Symbol and Subhead	Object Class	Expenditure Account	Chargeable Activity	Bureau Control or Subouth'n Activity	Bureau Control No.	Sub-outh'n No.	Identification No.	Amount
1741804.1920	21	43210	62110	204	60132			5.30

PAID BY CHECK (Number)	(Date of check)	PAID IN CASH (Amount)	(Date paid)	SIGNATURE OF PAYEE (Required for cash payment only)
348,301	1 Nov. 1963			

NAVCOMPT FORM 2020(7 PT) (REV. 6-59)
Approved by
Comptroller General, U. S.
March 24, 1958

VOUCHER FOR REIMBURSEMENT FOR TRAVEL (neb)

D.O. VOUCHER NO.

BUREAU VOUCHER NO.

DEPARTMENT, BUREAU OR ESTABLISHMENT

NAVY, MERT MARINE CORPS

PAID BY

PAYEE (Name) | (Rank or rate) | (File or Service No.)

N. L. HAMER | 1stLt. | 085042

MAILING ADDRESS

2007 W. Wilshire
Santa Ana, Calif.

OFFICIAL DUTY STATION

MM-363

TAD ORDER NO.

T- C40828-65

	ITEMS REIMBURSABLE	AMOUNT
MEMBER'S TRAVEL final payment	A. MILEAGE: ____ miles at ____	
	B. MONETARY ALLOWANCE IN LIEU OF TRANSPORTATION: ____ miles at ____	
	C. PER DIEM: per navcompt form 2021 8/26-30	$10.50
	D. MISC. EXPENSES:	
DEPENDENTS' TRAVEL	A. ____ person(s) ____ miles at ____	
	B. person(s) miles at	
DISLOCATION ALLOWANCE		
TRAILER ALLOWANCE	A. ____ miles at ____	
	B. miles at	
OTHER (Specify type)	none	

	Applied to travel advance		TOTAL AMOUNT OF CLAIM	$10.50
VOUCHER DEDUCTIONS	Other		TOTAL VOUCHER DEDUCTIONS	
			NET AMOUNT TO TRAVELER	$10.50

CERTIFIED CORRECT AND PROPER FOR PAYMENT

DATE 8/27 8/27

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Voucher Examiner

ACCOUNTING CLASSIFICATION

Appropriation Symbol and Subhead	Object Class	Expenditure Account	Chargeable Activity	Bureau Control or Subauth'n Activity	Bureau Control No.	Sub-auth'n No.	Identification No.	Amount
					21612			
1751804.1911	21	39999	(57081)	61754	[illegible]			$10.50

PAID BY CHECK (Number)	(Date of check)	PAID IN CASH (Amt.)	(Date paid)	SIGNATURE OF PAYEE (Required for cash payment only)

NAVCOMPT FORM 2020(7 PT) (REV. 6-59)
Approved by
Comptroller General, U. S.
March 24, 1958

VOUCHER FOR REIMBURSEMENT FOR TRAVEL

(Mbr)

D.O. VOUCHER NO.

BUREAU VOUCHER NO. 005617

DEPARTMENT, BUREAU OR ESTABLISHMENT
NAVY, MARINE CORPS

PAID BY

PAYEE (Name) | (Rank or rate) | (File or Service No.)
M. L. HAMER | 1stLt. | 085042

MAILING ADDRESS
2007 W. Wilshire
Santa Ana, Calif.

OFFICIAL DUTY STATION
MAG-36

TAD ORDER NO.
T- C40778-65

	ITEMS REIMBURSABLE	AMOUNT
MEMBER'S TRAVEL final payment	A. MILEAGE: ____ miles at ____ B. MONETARY ALLOWANCE IN LIEU OF TRANSPORTATION: ____ miles at ____ C. PER DIEM: per navexempt form 2021 8/14-15 D. MISC. EXPENSES:	[redacted]20.00
DEPENDENTS' TRAVEL	A. ____ person(s) ____ miles at ____ B. ____ person(s) ____ miles at ____	
DISLOCATION ALLOWANCE		
TRAILER ALLOWANCE	A. ____ miles at ____ B. ____ miles at ____	
OTHER (Specify type)	none	
	Applied to travel advance	TOTAL AMOUNT OF CLAIM: [redacted]20.00
VOUCHER DEDUCTIONS	Other	TOTAL VOUCHER DEDUCTIONS:
		NET AMOUNT TO TRAVELER: [redacted]20.00

CERTIFIED CORRECT AND PROPER FOR PAYMENT

DATE: 8/27/27

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL: J. [illegible] Voucher examiner

ACCOUNTING CLASSIFICATION

Appropriation Symbol and Subhead	Object Class	Expenditure Account	Chargeable Activity	Bureau Control or Subauth'n Activity	Bureau Control No.	Sub-auth'n No.	Identification No.	Amount
[redacted]	21	39999	(57081)	61754	21612			[redacted]20.00

PAID BY CHECK (Number)	(Date of check)	PAID IN CASH (Amt.)	(Date paid)	SIGNATURE OF PAYEE (Required for cash payment only)

NAVCOMPT FORM 2020 (7 PT) (REV. 6-59)
Approved by
Comptroller General, U. S.
March 24, 1958

VOUCHER FOR REIMBURSEMENT FOR TRAVEL

D.O. VOUCHER NO. 25807

BUREAU VOUCHER NO.

DEPARTMENT, BUREAU OR ESTABLISHMENT
U. S. NAVY (MARINE CORPS)

PAID BY
CAB, WATER
MAY 6 '65

PAYEE (Name) (Rank or rate) (File or Service No.)
Neal L. MINOR, 1stLt., [illegible]

MAILING ADDRESS
[illegible] West WILSHIRE
SANTA ANA, CALIF.

OFFICIAL DUTY STATION
MCAF SANTA ANA, CALIF.

TAD ORDER NO.
T- C42903-65

	ITEMS REIMBURSABLE	AMOUNT
MEMBER'S TRAVEL	A. MILEAGE: _____ miles at _____ B. MONETARY ALLOWANCE IN LIEU OF TRANSPORTATION: _____ miles at _____ C. PER DIEM; per attached NavCompt Form 2021, Final payment 4/26 - 4/28/65 D. MISC. EXPENSES:	$36.00
DEPENDENTS' TRAVEL	A. _____ person(s) _____ miles at _____ B. person(s) miles at	
DISLOCATION ALLOWANCE		
TRAILER ALLOWANCE	A. _____ miles at _____ B. miles at	
OTHER (Specify type)	none	

VOUCHER DEDUCTIONS				
	Applied to travel advance		TOTAL AMOUNT OF CLAIM	$36.00
	Other		TOTAL VOUCHER DEDUCTIONS	
			NET AMOUNT TO TRAVELER	$36.00

CERTIFIED CORRECT AND PROPER FOR PAYMENT	DATE	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL
	5/5/65	voucher - examiner

ACCOUNTING CLASSIFICATION

Appropriation Symbol and Subhead	Object Class	Expenditure Account	Chargeable Activity	Bureau Control or Subauth'n Activity	Bureau Control No.	Sub-auth'n No.	Identification No.	Amount
1751804.1911	21	39999	57081	617541	21612			$36.00

PAID BY CHECK (Number)	(Date of check)	PAID IN CASH (Amount)	(Date paid)	SIGNATURE OF PAYEE (Required for cash payment only)

MILITARY PAY AND ALLOWANCE CLAIMS VOUCHER CDB-hc-3

D. O. VOUCHER NUMBER 6 0 4 9 0 5

NAME OF SERVICE MEMBER		SERVICE NUMBER	PAID BY
HAMMER, Hoel L. PG 10	USMCR	[redacted] 085 042	(62215) MCDO., WASH. 25, D. C. MAY 11 '65 6091

VOUCHER PREPARED AT (Paying Office)	NAME AND ADDRESS OF PAYEE
Headquarters, U. S. Marine Corps Pay Record Audit Unit (CDB) Washington, D. C. 20380	1stLt Hoel L. HAMMER HMH-363, MAG-36 Marine Corps Air Facility Santa Ana, California SSN: 481-50-5921

THIS VOUCHER IS IN SETTLEMENT OF THE CLAIM DESCRIBED BELOW INCIDENT TO THE SERVICE OF THE ABOVE NAMED MEMBER OR FORMER MEMBER

EXPLANATION AND DESCRIPTION OF CLAIM	AMOUNT DOLLARS	AMOUNT CENTS
Claimant was entitled to the $200.00 initial uniform reimbursement authorized by NavCompt Manual, paragraph 044145-1c(b)(2) upon first reporting for active duty as a reserve officer on 25 May 1962. Since his military pay record was credited initial uniform allowance of $100.00 only, he is entitled to favorable settlement as claimed.	100	00
(CLAIM ATTACHED) (Original orders returned)		
TOTAL	100	00

COLLECTIONS *(FUND OR APPROPRIATION TO BE CREDITED)*

PAYEE'S COPY (Orig Orders att.)

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT	FICA WAGES	FICA TAX	x xx
SIGNATURE OF CERTIFYING OFFICER J. A. WYZYKOWSKI, CWO-3, USMC	TTPE	FTW	x xx
TITLE Head, Audit Sub-Unit A Pay Record Audit Unit, Exam Sec Disbursing Br, Fiscal Division	DATE 5 Apr 1965	TOTAL COLLECTIONS	x xx
		NET AMOUNT DUE PAYEE	100 00

ACCOUNTING CLASSIFICATION *(APPROPRIATION SYMBOL MUST BE SHOWN; OTHER CLASSIFICATION OPTIONAL)*

1781105.2762 (1721105.2716 MPMC FY 12 71110 27/11690) $100.00

PAID BY	CHECK NO.	DATED	AMOUNT	CASH	SIGNATURE OF PAYEE
			$100.00	$	

DD FORM 1 OCT 57 1096

054206

Approved by Comptroller General, U.S. July 18, 1957

TRAVEL CLAIM
(MILEAGE/PER DIEM)
NAVCOMPT FORM 2021 (REV. 6-62) 0104-701-9901

NOTE: *Submit in duplicate. (See complete instructions on reverse side.)*

CLAIMANT (Name - first, middle, last - and mailing address)	RANK OR RATE	FILE OR SERVICE NO.	LOCAL TELEPHONE
NOEL L. HAMMER 2007 W. WILSHIRE SANTA ANA, CALIF	1/Lt	085042	X-391

DUTY STATION: HMM 363 MCAF SANTA ANA

ORDERS ISSUED BY (Activity, Orders/Tango No., and date): C 43391-65 13 MAY 1965

PREVIOUS PAYMENTS	AMOUNT (Or "None")	VOUCHER NO.	VOUCHER DATE	DISBURSING OFFICER (Name) (Symbol)	ADVANCES
	$				$ NONE

ITINERARY

YR: MO.	DAY		LOCAL TIME (24-HR.)	PLACE OF DEPARTURE/ ARRIVAL AND/OR DELAY	SPEEDOMETER READING/ MILEAGE (As required)	TRAV. MODE CODE*	DELAY CODE	GOVERNMENT FACILITIES AVAILABLE/ UTILIZED (Indicate if "none") QUARTERS	SERVICE CHARGE (If applies)	GOVT. MESS (JTR PAR. 1150.4)	OFFICERS MESS	DISBURSING OFFICER COMPUTATIONS
MAY	15	DEP	0730	MCAF SANTA ANA		GP						
MAY	15	ARR	0850									
MAY	15	DEP	1845	TORRANCE Civic Center		GP		NONE		1	NONE	
MAY	15	ARR	1730									
MAY		DEP		MCAF SANTA ANA		GP						
		ARR										
		DEP										
		ARR										
		DEP										
		ARR										
		DEP										
		ARR										
		DEP										
		ARR										
		DEP										
		ARR										
		DEP										
		ARR										
		DEP										
		ARR										

No Claim

OTHER REIMBURSABLE EXPENSES - NATURE AND EXPLANATION	CLAIMED	ALLOWED
. 10 HRS. - By Govt TRANS	$	$

*TRAVEL MODE CODE

FIRST LETTER	
Transportation Request	T
Gov't transportation	G
Commercial (At own expense)	C
Private conveyance	P
Contractor-provided	F

SECOND LETTER	
Rail	R
Plane	P
Bus	B
Vessel	V
Auto	A

DELAY CODE

Remain overnight	RON
Temporary duty	TDY
Awaiting transportation	A/T
Leave	LV
Other:	

APPROVED (Civilian claims when required)

LEAVE STATEMENT	DAYS AUTHORIZED	DAYS TAKEN	INCLUSIVE DATES
			TO

*Two letters required

Form approved by Comptroller General, U.S. April 30, 1962
in lieu of S. F. 1012 Revised

NAVCOMPT FORM 2021 (REV. 6-62)

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS

TRANSPORTATION REQUEST NO.	DATE ISSUED	POINTS OF TRAVEL		AGENT'S VALUATION	CARRIER INITIALS	SERVICE MODE & CLASS†
		FROM	TO			

†Pullman accommodations: master room-MR; drawing room-DR; compartment-CP; bedroom-BR; duplex single room-DSR; roomette-RM; duplex roomette-DRM; single occupancy section-SOS; lower berth-LB; upper berth-UB; lower and upper berths-LB-UB; seat-S.

INSTRUCTIONS

Complete all applicable items, utilizing appropriate codes. Attach original and two copies of travel orders and endorsements thereto; all unused Government T/R's, meal tickets, commercial tickets or portions thereof. When civilian travelers utilize Government quarters and/or meals for which a charge is made, so state. If the charge for Government quarters exceeds $1.00, show amount paid.

CHECK WHEN APPLICABLE

☐ *I certify that I was, in fact, the owner or operator of the privately owned conveyance used and that I was primarily responsible for its operating expenses.*

(Signature)

REMARKS*

I hereby submit claim for mileage, monetary allowance in lieu of transportation, and/or per diem and miscellaneous expenses found to be due me for travel and/or periods of temporary duty performed under the Orders listed herein.

I CERTIFY THAT:

1. The above statements and schedules are correct and just in all respects.
2. I actually performed the travel and incurred the expenses included herein.
3. Payment or credit has not been received except for travel advances indicated.
4. Government quarters and Government mess were not available and/or utilized except as indicated.
5. I took no leave or unnecessary delay, except as indicated.
6. I have not received Monetary Travel Allowances of any nature from any other Agency of the United States, a Foreign Government, or the United Nations for the travel and/or temporary duty set forth herein except as jointly authorized by the secretaries of the departments concerned.
7. I did not return to my place of abode or permanent duty station during the period covered by this claim, except at time(s) and date(s) indicated in the itinerary.

PENALTY FOR PRESENTING FRAUDULENT CLAIM-Fine of not more than $10,000 or imprisonment for not more than 5 years or both. Title 18, U.S.C. 287; id. 1001.

FORFEITURE OF FRAUDULENT CLAIM-Falsification of an item in an expense account works a forfeiture of the claim. Title 28, U.S.C. 2514.

SIGNATURE OF CLAIMANT	RANK OR RATE	DATE
Roel L. Hammer	LT	24 MAY 65

NAVCOMPT FORM 2020(7 PT) (REV. 6-59)
Approved by
Comptroller General, U. S.
March 24, 1958

VOUCHER FOR REIMBURSEMENT FOR TRAVEL

D.O. VOUCHER NO. 10928

BUREAU VOUCHER NO.

DEPARTMENT, BUREAU OR ESTABLISHMENT
NAVY-MARINE CORPS

PAID BY
FMAWFMF
PAID
MAY 11 1966
SYM #5/61
(07074)

PAYEE (Name) | (Rank or rate) | (File or Service No.)
HAMMER NOEL L. | CAPT | 085 0h2

MAILING ADDRESS
H&S BTRY, 1st LAAM BN, FMAW FPO, SAN FRAN, CALIF 99602

OFFICIAL DUTY STATION
SAME

TAD ORDER NO.
T- 8184

	ITEMS REIMBURSABLE	AMOUNT
MEMBER'S TRAVEL	A. MILEAGE: ____ miles at ____ B. MONETARY ALLOWANCE IN LIEU OF TRANSPORTATION: ____ miles at ____ C. PER DIEM: PER ATTACHED NAVCOMPT MEMO. 4/23-5/3 D. MISC. EXPENSES:	40.02
DEPENDENTS' TRAVEL	A. ____ person(s) ____ miles at ____ B. person(s) miles at	
DISLOCATION ALLOWANCE		
TRAILER ALLOWANCE	A. ____ miles at ____ B. miles at	
OTHER (Specify type)		

VOUCHER DEDUCTIONS	Applied to travel advance		TOTAL AMOUNT OF CLAIM	40.02
	Other		TOTAL VOUCHER DEDUCTIONS	NONE
			NET AMOUNT TO TRAVELER	40.02

CERTIFIED CORRECT AND PROPER FOR PAYMENT

DATE: 5/6/66

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL: J BOYLE, 2nd LT, USMC

ACCOUNTING CLASSIFICATION

JA

Appropriation Symbol and Subhead	Object Class	Expenditure Account	Chargeable Activity	Bureau Control or Subauth'n Activity	Bureau Control No.	Sub-auth'n No.	Identification No.	Amount
17X3106.2710	210	11039	27436	2D		6010A	3000000	40.02

PAID BY CHECK (Number)	(Date of check)	PAID IN CASH (Amt.)	(Date paid)	SIGNATURE OF PAYEE (Required for cash payment only)
		$40.02		

NAVCOMPT FORM 2020(7 PT) (REV. 6-58)
Approved by
Comptroller General, U. S.
March 24, 1958

VOUCHER FOR REIMBURSEMENT FOR TRAVEL
(MILITARY PERSONNEL/DEPENDENTS)

D.O. VOUCHER NO. 5154
BUREAU VOUCHER NO. 2064

DEPARTMENT, BUREAU OR ESTABLISHMENT
NAVY (MARINE CORPS)

PAID BY
PAID
264
MCS.QUANTICO,VA.
SEP 2 1965
SYMBOL 2105

PAYEE (Name) NOEL L. HAMMER (Rank or rate) 1/LT. (File or Service No.) 085 042

MAILING ADDRESS
A CO, HQ,BN,MCS,
QUANTICO, VA.

OFFICIAL DUTY STATION
SAME

TAD ORDER NO.
T- MCSO 121-65

	ITEMS REIMBURSABLE	AMOUNT
MEMBER'S TRAVEL	A. MILEAGE: 2667 miles at 06	
	B. MONETARY ALLOWANCE IN LIEU OF TRANSPORTATION: ____ miles at ____	160.02
	C. PER DIEM:	
	D. MISC. EXPENSES:	
DEPENDENTS' TRAVEL	SANTA, ANA, CALIF. - QUANTICO, VA. A. 3 person(s) 2667 miles at 06	159.48
	B. person(s) miles at	
DISLOCATION ALLOWANCE	DEP: 7/27/65 SER. SGT.	120.00
TRAILER ALLOWANCE	A. ____ miles at ____	
	B. miles at	
OTHER (Specify type)	NO TR'S	

VOUCHER DEDUCTIONS	Applied to travel advance	160.00	TOTAL AMOUNT OF CLAIM	439.50
	Other		TOTAL VOUCHER DEDUCTIONS	160.00
			NET AMOUNT TO TRAVELER	279.50

CERTIFIED CORRECT AND PROPER FOR PAYMENT — DATE 8/21/65 — SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL K. F. MAY, Y:

ACCOUNTING CLASSIFICATION

Appropriation Symbol and Subhead	Object Class	Expenditure Account	Chargeable Activity	Bureau Conrol or Subauth'n Activity	Bureau Control No.	Sub-auth'n No.	Identification No.	Amount
1761105.2751	21	42690	27	2D	-		74120	160.02
1761105.2751	21	42690	27	2D	-		74150	159.48
1761105.2751	12	42690	27	2D	-		74157	120.00

PAID BY CHECK (Number)	(Date of check)	PAID IN CASH (Amt.)	(Date paid)	SIGNATURE OF PAYEE (Required for cash payment only)

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

I. PAYMENT FOR

				PAID BY
1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*		6. TRANSPORTATION OF DEPENDENTS	X	MCAF
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	X	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE		
4. SETTLEMENT OF TDY/TAD TRAVEL		9.		
5. SETTLEMENT OF PCS TRAVEL		10.		

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SERVICE NUMBER
HAMMER, Noal L.	Capt.	085042

4. ORGANIZATION AND STATION

HMRT-301, MCAF, SANTA ANA, CALIF.

5. TRAVEL ORDER

HQ, 1stMAW WS0661-66 dtd 12/31/66

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
		$ 243.39		

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. _____ THROUGH _____ ATTACHED.

2. PER _____ TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE	2. SIGNATURE

V. REMARKS

Cedar Rapids, Iowa - Tustin, Calif.
6/9/67 6/21/67

Detached: 4/1/67

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NO.	AUTH. ACCT'G ACTIVITY	TYPE	PROPERTY ACCT'G ACTY	COST CODE	AMOUNT
1771105.2753	21	44690	27	2D		74150	$ 113.34
1771105.2753	12	44690	27	2D		74157	$ 130.05

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO. 16164

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*		6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL	XX	9. –	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

(318)

U.S. MCAS
SIH 6795

12/20/68

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SERVICE NUMBER
HAMMER, NOEL L.	CAPT.	085 042

4. ORGANIZATION AND STATION

HMMS-24 MCAS KANEOHE, OAHU FPO SAN FRAN 96615

5. TRAVEL ORDER

TAMCO/CO0221 CO 1stMar Brig

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

NONE

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. THROUGH ATTACHED. 2. PER TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE	2. SIGNATURE

V. REMARKS

TAD PERIOD: 12nov-1700 to 19nov68 1810

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NO.	AUTH. ACCT'G ACTIVITY	TYPE	PROPERTY ACCT'G ACTY	COST CODE	AMOUNT
21X4992.672	0/167	342-007	7481	16141	C/9221	672-90094	33.56

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
				33.56

DD FORM 1 JUL 65 1351 FORM APPROVED BY COMPTROLLER GENERAL, U.S. 2 JUNE 1965 0101-806-2900 ☆ U. S. GOVERNMENT PRINTING OFFICE: 1966—233-914

TRAVEL VOUCHER OR SUBVOUCHER

(Complete with ink, ball-point pen or typewriter. DO NOT use lead pencil.)

BUREAU VOU NO. | SUBVOUCHER NO | DO VOUCHER NO.

PAYMENT FOR

[X] TDY / TAD PER DIEM [X] TDY / TAD TRAVEL [ ] PCS TRAVEL

PAYMENT DESIRED

[ ] CHECK [ ] CASH

PAID BY

TRAVEL ORDERS *(Paragraph, S. O. No., Issuing Hq, Date. Include amending orders.)*

CO 1st MarBrig TANGO # C00288

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS *(Amount, DO Vou No., date received, place received or DO Station No. If none, so state.)*

$200.00 BV# 3643 dtd 3/4/69 7466/$400.00 BV 2881 dtd 1/9/69

LAST NAME - FIRST NAME - MIDDLE INITIAL *(Soundex Code) (Print / Type)*	GRADE / RANK	SERVICE NO.
HAMMER, NOEL L.	CAPT	025042

CHECK MAILING ADDRESS

DUTY PHONE NO. 7377

ORGANIZATION AND STATION

H&MS-24 MAG-24, MARINE CORPS AIR STATION KANEOHE

I. ITINERARY *(See Reverse for Definition)*

DATE 1969	LOCAL STANDARD TIME (24 Hour Clock)		PLACE (Base, Activity, City and State; City and Country, Etc.)	MODE OF TRAVEL	REASON FOR STOP	GOVT QTS USED	GOVT QTS NOT USED	NON-GOVT QTS USED	NUMBER MEALS USED: GOVT	NUMBER MEALS USED: NON-GOVT	NUMBER MEALS USED: OFFICERS OPEN MESS	SPEEDOMETER READING OR MILEAGE
3 JAN	DEP	1830	MCAS KANEOHE	PA								
3 JAN	ARR	1930	NAS BARBERS PT.		AT		X				0	
3 JAN	DEP	2200		GP					0			
4 JAN	ARR	1200	NAS LOS ALAMITOS		AT							
4 JAN	DEP	1300		CB					0			
4 JAN	ARR	1430	LOS ANGELES INTR		AT		X				0	
5 JAN	DEP	1230		TP					0			
5 JAN	ARR	1330	SAN JOSE CALIF		AT		X				0	
5 JAN	DEP	1530		CL					0			
5 JAN	ARR	1617	NPGS MONTEREY		TAD		X				0	
16 FEB	DEP	1100		GP					0			
16 FEB	ARR	2000	NAS BARBERS PT.		TAD				0		0	

II. FOR DO USE ONLY

SEE ATTACHED Computation

III. REIMBURSABLE EXPENSES

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED
3 JAN	Round trip (PA) KMCAS BARBERS PT + KMCAS		4.70
4 JAN	BUS FARE LOS ALAMITOS LA CALIF.	3.75	3.75
14 JAN	RENTAL AUTO	118.71	118.71
5 JAN	PLANE FARE SAN JOSE - MONTEREY CALIF	5.78	5.78
14 MAR	ROUND TRIP (PA) KMCAS - HONOLULU - KMCAS		3.64

BAS/COLA ADJ ON MPR

BAS/COLA ADJ NOT REQUIRED

BAS/COLA RATE

IV. TRANSPORTATION REQUESTS / MEAL TICKETS USED

NUMBER	FROM	TO
PO 331,104	Montana	Hono
PO 176,272	SDIEGO	Monterey

DD 753 | HI WY

OTD | CC

V. CHARGES - BOQ OR NON-GOVT MEALS AND QTS

FROM (Date)	TO (Date)	TYPE	RATE	TOTAL PAID

VI. LEAVE STATEMENT

I was authorized _____ days leave. _____ days were taken between _____ and _____ inclusive.

2. SUMMARY OF PAYMENT

PER DIEM *(Net Payable)*	
MILEAGE OR TRANSPORTATION ALLOWANCES	106.68
REIMBURSABLE EXPENSES	135.58
TOTAL AMOUNT DUE	225.26
LESS PREVIOUS PAYMENTS *(Droppage)*	
AMOUNT CHARGED TO ACCOUNT'G CLASS.	
LESS VOUCHER DEDUCTIONS	6.00

I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.

SIGNATURE OF CLAIMANT AND DATE: Noel L. Hammer

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NO.	AUTH. ACCT'G ACTIVITY	TYPE	PER DIEM	COST CODE	AMOUNT

COLLECTION DATA

COMPUTED BY	AUDITED BY	TVL RCRD POSTED BY	RECEIVED *(Payee signature & date, or check no.)*	AMOUNT PAID
KC				225.26

CLAIMANT'S STATEMENTS

I have included herein all travel and transportation used on leave, delay en route or travel to home or permanent station for personal reasons. If travel by POV was authorized as more advantageous to the Government I, as owner or operator of the vehicle, was primarily responsible for payment of its operating expenses.

I have not included travel, transportation and/or TDY for which I have received pay or credit from any other agency of the U. S., foreign governments or the United Nations, except as jointly authorized by the secretaries concerned.

I actually performed the travel herein. Government quarters and Government mess were not utilized except as indicated

PENALTY

The penalty for willfully making a false claim is: A maximum fine of $10,000 or maximum imprisonment of 5 years, or both. *(U.S. Code, Title 18, section 287, formerly section 80.)*

REQUIRED ATTACHMENTS

1. Original and / or copies of travel orders and amendments as instructed.
2. Traveler's copy of each transportation request *(SF 1169B)* used.
3. All receipts from transportation officer for unused transportation requests, carriers' tickets, and meal tickets.
4. Receipts from carriers if cost of transportation is claimed.
5. Charge letters for transportation requests received en route.
6. Statements of nonavailability *(quarters, mess and directed mode of transportation).*

SYMBOLS

MEANS *(Mode)* OF TRAVEL

FIRST LETTER		SECOND LETTER	
1. TRNSPN REQ	T	5. AUTO	A
2. GOVT TRNSPN	G	6. BUS	B
3. COML TRNSPN	C	7. PLANE	P
(own expense)		8. RAIL	R
4. PRIVATE VEHICLE	P	9. VESSEL	V

REASONS FOR STOPS

10. AWAITING TRNSPN	AT	16. MISSION COMPLETE	MMC
11. CHANGE MODE OF TRNSPN	CM	17. MECHANICAL DIFFICULTY	MEC
12. CREW REST	CR	18. PICKUP CARGO *(passengers)*	PC
13. DISCH CARGO *(passengers)*	DC	19. REMAIN OVERNIGHT	RON
14. LEAVE/DELAY EN ROUTE	LV	20. TEMPORARY DUTY	TDY
15. MAINTENANCE *(refuel)*	MA	21. WEATHER ADVERSE	WX

TYPE OF CHARGES

22. BACHELOR OFFICER'S QTS . . . . . BOQ
23. NON-GOV'T MEALS . . . . . NGM
24. NON-GOVERNMENT QTS . . . . . NGQ

DEFINITION *(This definition pertains to military personnel only)*

NON-GOVERNMENT QUARTERS AND MEALS.

Meals and quarters furnished *(with or without charge)* incident to temporary duty by: (1) Local or State governments; (2) Foreign governments; (3) Other U.S. Government agencies; (4) U.S. Government contractors; or (5) Private organizations such as the National Red Cross during disasters.

REMARKS

VII. APPROVED FOR PAYMENT *(When required by individual service regulations)*

DATE	SIGNATURE OF AUTHORIZED APPROVING/CERTIFYING OFFICER

☆U. S. GOVERNMENT PRINTING OFFICE: 1968 — 285 - 013

A-4024

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER: 2881

D.O. VOUCHER NO.:

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	X	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

SYMBOL 7466
(62271) USNPGSCOL

JAN 9 1969

ACCTS NRAO OAKLAND
5234

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SERVICE NUMBER
RAISER, NOEL L.	CAPT	083042 USMC

4. ORGANIZATION AND STATION
USCS, MONTEREY, CALIF

5. TRAVEL ORDER CO, 1st MARINE BRIGADE, FMF TAD ORDERS 47/ser 1321/1 of 30 Dec. 1968

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:
PER DIEM

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
791,091	1/9/69	400.00		

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. THROUGH ATTACHED. 2. PER TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE 2. SIGNATURE

V. REMARKS

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NO.	AUTH. ACCT'G ACTIVITY	TYPE	PROPERTY ACCT'G ACTY	COST CODE	AMOUNT
1791804.7028 C00209	-	57025/A	61754	28	-	809382/F3	400.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
				400.00

DD FORM 1 JUL 65 1351 FORM APPROVED BY COMPTROLLER GENERAL, U.S. 2 JUNE 1965 0101-806-2900 ☆ U. S. GOVERNMENT PRINTING OFFICE: 1966—233-914

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER: 3643

D.O. VOUCHER NO.:

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	X	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

MAR 4 1969

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*: [redacted], NOEL L.
2. RANK OR GRADE: CAPT
3. SERVICE NUMBER: 085042
4. ORGANIZATION AND STATION: MPGS, MONTEREY, CALIF.
5. TRAVEL ORDER: CO, 1st Marine Brig Bde., FMF TAD ORDERS 47/ser 1321/1 of 30 Dec 68'
6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

PER DIEM

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
003,204	3/2/69	200.00		

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. _____ THROUGH _____ ATTACHED.
2. PER _____ TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE
2. SIGNATURE

V. REMARKS

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NO.	AUTH. ACCT'G ACTIVITY	TYPE	PROPERTY ACCT'G ACTY	COST CODE	AMOUNT
1791804.7025	-	57025/A	61754	2B	-	609382/T3	200.00
Tango C00288							

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
				200.00

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO. 21115

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*		6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL	X	9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

(318)
US NCAS
SYM 6795

516169

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SERVICE NUMBER
HAMMER, NOEL L.	CAPT	085042

4. ORGANIZATION AND STATION
H&MS 24, MAG 24, 1stMarBrig, FMF FPO SFRAN 96602

5. TRAVEL ORDER
CO 1stMarBrig, FMF TANGO# C00286 dtd 12/30/68

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:
$200.00 BUV# 3643 SYM# 7466 dtd 3/4/69
$400.00 BUV# 2881 SYM# 7466 dtd 1/9/69

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. _____ THROUGH _____ ATTACHED. 2. PER _____ TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE	2. SIGNATURE

V. REMARKS

(TAD) fr 1830 1/3/69 to2230 3/14/69
TR P8,176,272 fr San Diego, Calif. to Monterey, Calif.
TR P8,331,104 fr Monterey, Calif. to Honolulu, Hawaii

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NO.	AUTH. ACCT'G ACTIVITY	TYPE	PROPERTY ACCT'G ACTY	COST CODE	AMOUNT
1791804.7022	—	57025A	61754	2D	C00286	R09382/T3	1225.26

P

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
				625.26

DD FORM 1 JUL 65 1351 FORM APPROVED BY COMPTROLLER GENERAL, U.S. 2 JUNE 1965 0101-806-2900 * U.S. GOVERNMENT PRINTING OFFICE : 1965 OF—790-783

TRAVEL VOUCHER OR SUBVOUCHER

(Complete with ink, ball-point pen or typewriter. DO NOT use lead pencil.)

BUREAU VOU NO. | SUBVOUCHER NO. | DO VOUCHER NO. 2335 1

PAYMENT FOR: ~~TDY/TAD PER DIEM~~ | TDY/TAD TRAVEL | PCS TRAVEL

PAYMENT DESIRED: CHECK | CASH

PAID BY (57079) FMA FMF 3/21/70

F. D. BRADY BY: 6161

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq, Date. Include amending orders.) TAD # A 32016

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Vou No., date received, place paid, or DO Station No. If none, so state.) NONE

LAST NAME - FIRST NAME - MIDDLE INITIAL (Soundex Code)(Print/Type)	GRADE/RANK	SERVICE NO.
HAMMER, NEIL L.	CPT	022642

CHECK MAILING ADDRESS | DUTY PHONE NO.

ORGANIZATION AND STATION VMA-162 MAG-16 1st MAW

I. ITINERARY (See Reverse for Definition)

DATE 19		LOCAL STANDARD TIME (24 Hour Clock)	PLACE (Base, Activity, City and State; City and Country, Etc.)	MODE OF TRAVEL	REASON FOR STOP	GOVT QTS USED	GOVT QTS NOT USED	NON-GOVT QTS USED	NUMBER MEALS USED: GOVT	NON-GOVT	OFFICERS OPEN MESS	SPEEDOMETER READING OR MILEAGE
2/11	DEP	0900	DARWIN	AC								
2/11	ARR	1115									2/12-13	900
2/11	DEP	1400	CUNT FT									
2/11	ARR	1500										
	DEP		DARWIN									
	ARR											
	DEP											
	ARR											
	DEP											
	ARR											
	DEP											
	ARR											

II. FOR DO USE ONLY

1. COMPUTATIONS

III. REIMBURSABLE EXPENSES

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED

BAS/COLA ADJ ON MPR

BAS/COLA ADJ NOT REQUIRED

BAS/COLA RATE

IV. TRANSPORTATION REQUESTS/MEAL TICKETS USED

NUMBER	FROM	TO

DD 753 | HIWY

OTD | CC

V. CHARGES - BOQ OR NON-GOVT MEALS AND QTS

FROM (Date)	TO (Date)	TYPE	RATE	TOTAL PAID

VI. LEAVE STATEMENT

I was authorized _____ days leave. _____ days were taken between _____ and _____ inclusive.

I hereby claim any amount due me. The statements on face, reverse, and attched are true and complete. Payment or credit has not been received.

SIGNATURE OF CLAIMANT AND DATE: Neil L. Hammer

2. SUMMARY OF PAYMENT

PER DIEM (Net Payable)	9.00
MILEAGE OR TRANSPORTATION ALLOWANCES	
REIMBURSABLE EXPENSES	
TOTAL AMOUNT DUE	9.00
LESS PREVIOUS PAYMENTS (Droppage)	
AMOUNT CHARGED TO ACCOUNT'G CLASS.	9.00
LESS VOUCHER DEDUCTIONS	

PI APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NO.	AUTH. ACCT'G ACTIVITY	TYPE	PER DIEM	COST CODE	AMOUNT
~~1701804.702B~~	~~212~~	~~57025A~~	61754	~~2D A32016~~		~~57079/T3~~	~~$9.00~~

COLLECTION DATA:

COMPUTED BY	AUDITED BY	TVL RCRD POSTED BY	RECEIVED (Payee signature & date, or check no.)	AMOUNT PAID
				$0.00

DD FORM 1 JUL 65 1351-2

FORM APPROVED BY COMPTROLLER GENERAL, U.S. 2 JUNE 1965

CLAIMANT'S STATEMENTS

I have included herein all travel and transportation used on leave, delay en route or travel to home or permanent station for personal reasons. If travel by POV was authorized as more advantageous to the Government I, as owner or operator of the vehicle, was primarily responsible for payment of its operating expenses.

I have not included travel, transportation and/or TDY for which I have received pay or credit from any other agency of the U.S., foreign government, or the United Nations, except as jointly authorized by the secretaries concerned.

I actually performed the travel herein. Government quarters and Government mess were not utilized except as indicated.

PENALTY

The penalty for wilfully making a false claim is: A maximum fine of $10,000 or maximum imprisonment of 5 years, or both. *(U.S. Code, Title 18, section 287, formerly section 80.)*

REQUIRED ATTACHMENTS

1. Original and/or copies of travel orders and amendments as instructed.
2. Traveler's copy of each transportation request *(SF 1169B)* used.
3. All receipts from transportation officer for unused transportation requests, carriers' tickets, and meal tickets.
4. Receipts from carriers if cost of transportation is claimed.
5. Charge letters for transportation requests received en route.
6. Statements of nonavailability *(quarters, mess and directed mode of transportation).*

SYMBOLS

MEANS *(Mode)* OF TRAVEL

FIRST LETTER		SECOND LETTER	
1. TRNSPN REQ	T	5. AUTO	A
2. GOVT TRNSPN	G	6. BUS	B
3. COML TRNSPN	C	7. PLANE	P
(own expense)		8. RAIL	R
4. PRIVATE VEHICLE	P	9. VESSEL	V

REASONS FOR STOPS

10. AWAITING TRNSPN	AT	16. MISSION COMPLETE	MMC
11. CHANGE MODE OF TRNSPN	CM	17. MECHANICAL DIFFICULTY	MEC
12. CREW REST	CR	18. PICKUP CARGO *(passengers)*	PC
13. DISCH CARGO *(passengers)*	DC	19. REMAIN OVERNIGHT	RON
14. LEAVE/DELAY EN ROUTE	LV	20. TEMPORARY DUTY	TDY
15. MAINTENANCE *(refuel)*	MA	21. WEATHER ADVERSE	WX

TYPE OF CHARGES

22. BACHELOR OFFICER'S QTS.....BOQ
23. NON-GOV'T MEALS.....NGM
24. NON-GOVERNMENT QTS.....NGQ

DEFINITION *(This definition pertains to military personnel only)*

NON-GOVERNMENT QUARTERS AND MEALS.

Meals and quarters furnished *(with or without charge)* incident to temporary duty by: (1) Local or State governments; (2) Foreign governments; (3) Other U.S. Government agencies; (4) U.S. Government contractors; or (5) Private organizations such as the National Red Cross during disasters.

REMARKS

VII. APPROVED FOR PAYMENT *(When required by individual service regulations)*

DATE	SIGNATURE OF AUTHORIZED APPROVING/CERTIFYING OFFICER

* U.S. GOVERNMENT PRINTING OFFICE : 1965 O—790-780