jw

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. 803322

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

PAYMENT DESIRED: CHECK X | CASH

PAID BY

TRAVEL ORDERS *(Paragraph, S.O. No., Issuing Hq., Date. Include amending orders.)*
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PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS *(Amount, DO Vou No., date received, place paid, or DO Symbol No. If none, so state.)*
NONE

LAST NAME–FIRST NAME–MIDDLE INITIAL *(Soundex Code)* *(Print/Type)*: MARSHALL, WILLIAM T, JR | GRADE/RANK: W 2 | SERVICE NO.: [redacted]

CHECK MAILING ADDRESS *(Include Zip Code)*: [redacted] | DUTY PHONE NO.

ORGANIZATION AND STATION
HQ CO SCH BDE FT RUCKER ALA DSIT-MOI STU

I. ITINERARY *(See Reverse for Definition)*

DATE 19 71		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
17Aug	DEP	1630	CP EAGLE, KVH	CP							1 Da @ 16.00 =	16.00
	ARR	1800	CRB, KVH		PROC	X			X		1 Da @ 8.00 =	8.00
18Aug	DEP	1400		CP						2 Days	Food Cost @ 3.65 =	7.30
	ARR		CROSSED IDL									31.30
	DEP								Less:			
18Aug	ARR	1600	MC CHORD AFB, WA		CH				1 Da Qts @ 8.00 =			8.00
	DEP	1610		CP					3 Mls @ 2.24 =			6.72
20Aug	ARR	0930	PENSACOLA, FL		LV				3 Mls @ 1.12 =			2.36
7Sep	DEP	0800		PA								18.08
8 Sep	ARR	0800	FT RUCKER, ALA		HOC							13.22
	DEP									2718 Mi @ 6¢ =		169.08
	ARR											176.30

H. FOR DO USE ONLY

1. COMPUTATIONS

III. REIMBURSABLE EXPENSES

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED
	23 Days Elapsed		
NONE	7 Days TIA		

BAS/COLA ADJ ON MPR
BAS/COLA ADJ NOT REQUIRED
BAS/COLA RATE

IV. TRANSPORTATION REQUESTS/MEAL TICKETS USED

NUMBER	FROM	TO
NONE		

DD 753 | OTD
HIWY | 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)*	13.22
MILEAGE OR TRANSPORTATION ALLOWANCES	163.08
REIMBURSABLE EXPENSES	
TOTAL AMOUNT DUE	176.30
LESS PREVIOUS PAYMENTS *(Droppage)*	
AMOUNT CHARGED TO ACCOUNT'G CLASS.	176.30
LESS VOUCHER DEDUCTIONS	

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: 8 Sep 71

ACCOUNTING CLASSIFICATION:

2122010 01-401 F1451 899999 MAX $176.30

COLLECTION DATA:

COMPUTED BY	AUDITED BY	TVL RCRD POSTED	RECEIVED *(Payee signature & date, or check no.)*	AMOUNT PAID
bpl		bpl		176.30

DD FORM 1 JUL 65 1351–2 PREVIOUS EDITION IS OBSOLETE. REPLACES DD FORM 1351–3, DATED SEP 61, WHICH IS OBSOLETE.

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

Payee

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 *(own expense)*	7. PLANE ..... P
4. PRIVATE VEHICLE ..... P	8. RAIL ..... R
	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 *(refusal)* ..... 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: 1967 — 267-723

VOUCHER OR CLAIM FOR DEPENDENT TRAVEL AND DISLOCATION OR TRAILER ALLOWANCE

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

Use reverse for continuation of items identifying by item numbers.

BUREAU VOU NO.	SUBVOUCHER NO.	DO VOUCHER NO.
		V0 J 321

PAYMENT FOR				PAYMENT DESIRED		PAID BY
	MILEAGE *(Civ Empl)*	X	MONETARY ALW IN LIEU OF TRNSPN *(Member)*	X	CASH	
X	DLA *(Member)* *(See reverse)*		TLR ALW *(Member)*		CHECK	
	ACTUAL TRNSPN COST *(Member/Civ Empl)*		OTHER *(Specify)*			

TRAVEL AUTHORITY *(PCS Orders, Dependent Travel Authorization, if issued, etc.)*

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LAST NAME - FIRST NAME - MIDDLE INITIAL *(Print/Type)*	GRADE/RANK	SERVICE NO./SSAN
MARSHALL, WILLIAM T, JR	W 2	[redacted]

CHECK MAILING ADDRESS *(Include ZIP Code)*

[redacted]

DUTY PHONE NO.

ORGANIZATION AND STATION *(Include ZIP Code)*

HQ CO SCH BDE FT RUCKER ALA DSIT-MOI STU

I. DEPENDENTS TRAVEL

The following persons were my dependents on effective date and performed travel as claimed under authority stated above, with intent of establishing a bona fide residence at destination. None of the dependents shown was a member of the uniformed services on active duty. Travel covered by this claim represents the entire travel of all my dependents on this change of station except as indicated in remarks on reverse.

NAME	RELATIONSHIP	BIRTHDATE OF CHILDREN	MODE OF TRNSPN *(TR No. when used)*	FROM	TO
PATRICIA H MARSHALL	WIFE DOM:	31May1969	PA	PENSACOLA, FL	ENTERPRISE, AL
NO HOUSE TLR MOVED AT GOVT EXPENSE					
MOVE DIRECT RESULT OF PCS ORDERS CITED					

TRAVEL FROM *(Check one)*		TRAVEL TO *(Check one)*	
	LAST PERMANENT STATION	X	NEW PERMANENT STATION
X	OTHER THAN LAST PERMANENT STATION		OTHER THAN NEW PERMANENT STATION *(Complete bona fide residence block below)*
	HOME OR PLACE FROM WHICH LAST ORDERED TO ACTIVE DUTY		FIRST PERMANENT STATION
	LAST DUTY STATION		HOME, HOME OF SELECTION, OR PLACE FROM WHICH ORDERED TO ACTIVE DUTY
	ROUND TRIP TRAVEL IN CONNECTION WITH CIVILIAN EMPLOYEES RENEWAL AGREEMENT		

BONA FIDE RESIDENCE: UNTIL FURTHER GOVERNMENT TRANSPORTATION IS AUTHORIZED (7001, JTR) DEPENDENTS WILL ESTABLISH A BONA FIDE RESIDENCE. *(Show complete address.)*

DEPENDENTS ADDRESS ON RECEIPT OF ABOVE TRAVEL AUTHORIZATION	PENSACOLA, FL
ADDRESS TO WHICH DEPENDENTS LAST TRANSPORTED AT GOVERNMENT EXPENSE	H SAME

II. DEPENDENTS ACTUAL TRAVEL

FROM *(Complete Address)*	TO *(Complete Address)*
PO BX 2584 PENSACOLA, FL	14 CAMELOT M/V, ENTERPRISE, ALA

DATE TRAVEL BEGAN	DATE TRAVEL COMPLETED	PORT OF DEPARTURE *(Include APOE)*	PORT OF ARRIVAL *(Include APOD)*	SPEEDOMETER READING
7kSep71	7kSep71			TO

III. OVERSEAS RETURNEE - DEPENDENTS DID NOT TRAVEL OVERSEAS

PERMANENT STATION PRIOR TO OVERSEAS ASSIGNMENT	GRADE AT DEPARTURE	US REENTRY PORT
FT RUCKER, ALA	W1	MC CHORD AFB, WA

ADDRESS TO WHICH DEPENDENTS TRAVELED OR REMAINED	AT GOVERNMENT EXPENSE	
	YES	NO
PENSACOLA, FL	X	

IV. REIMBURSABLE EXPENSES

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED
Mil - Pensacola, Fl to Ft. Rucker, Al 134 Mi @ 6¢ =			8.04
DLA =			120.00

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: [signature] 8 Sep 71

ACCOUNTING CLASSIFICATION

2122010 01-402 P1451 S99999 $8.04
2122010 01-404 P1451 S99999 $120.00

COMPUTATIONS 128.04

COMPUTED BY	AUDITED BY	TRAVEL RCRD POSTED	RECEIVED *(Payee signature & date, or check no.)*	AMOUNT
bpl		bpl		128.04

DD FORM 1 JUL 65 1351-4 PREVIOUS EDITION IS OBSOLETE

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

V. TRANSPORTATION OF HOUSE TRAILER

DATE TRAILER ACQUIRED	ADVANCE	DATE OF ADVANCE	TRANSPORTED BY			
	$			PRIVATE MEANS		COMMERCIAL TRANSPORTER *(Attach Commercial Bill of Lading)*

TRAILER TRANSPORTED AT MY OWN EXPENSE FOR USE AT DESTINATION AS RESIDENCE FOR ☐ DEPENDENTS ☐ SELF

FROM	DATE DEPARTED	TO	DATE ARRIVED

I understand that acceptance of the trailer allowance constitutes an irrevocable decision to that allowance in lieu of the dislocation allowance and shipment of household effects. I have not and will not (a) claim the dislocation allowance or (b) request shipment of baggage or household effects at Government expense.

VI. DISLOCATION ALLOWANCE

1. This is the _____ *(number)* claim for dislocation allowance based on a permanent change of station during _____ *(fiscal year)*.

2. I have not and will not request government procured shipment of a housetrailer or reimbursement for shipment at personal expense if I am claiming a dislocation allowance for this PCS.

VII. DEPENDENCY STATEMENTS

(Proof of dependency of parents, step and adopted children, children over 21 years of age mentally or physically incapacitated, or dependent husband and children of a female member. (Complete as applicable to your claim.))

My dependent(s) named in this claim (is, are) in fact dependent upon me and a certificate of dependency was approved by the appropriate agency. Further, there has been no change in the conditions of dependency since the certificate of dependency was approved. I understand that in the case of a dependent parent the certificate of dependency must be approved annually.

CERTIFICATE OF RESIDENCE OF PARENT(S)

My dependent parent(s) resided as a member of my household at time of receipt of applicable orders or other authority and resided as a member of my household established incident to the change of station.

CERTIFICATE FOR STEPCHILD

_____, the mother of the stepchild *(stepchildren)* named in this claim
(Mother's name)
was my legal wife at the time this travel was performed.

VIII. 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.)*

IX. REQUIRED ATTACHMENTS

1. Original and/or copies of PCS orders as instructed.
2. Original and/or copies of TDY orders (as instructed) - If PCS was preceded by TDY pending further orders or indeterminate TDY.
3. Two copies dependent travel authorization, if issued.
4. Copy of secretarial approval of travel - if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
5. Memorandum copy of each transportation request *(SF 1169b)* used.
6. Other attachments will be as directed.

REMARKS

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

SIGNATURE OF AUTHORIZED APPROVING/CERTIFYING OFFICER & DATE