

| | |
|----------------------------|-------------------------------|
| PART 1 - FAULT INFORMATION | PART 2 CORRECTING INFORMATION |
|----------------------------|-------------------------------|

| | | | | | | | | | |
|--|---|---------|-----|-----------------|-----|---------------------------------------|------|---------------|--|
| STACAC | X | DATE | NO | TIME | PID | DATE 31MAR93 | TIME | HRS 0000347.6 | |
| STATEL | | 26MAR93 | 001 | | | | | | |
| STATAR | | | | | | | | | |
| FAULT/REMARKS BLACK M/R BLADE TIP CAP TRAILING EDGE CORNER BROKE OFF 1' INTO TIP CAP. | | | | | | ACTION REPLACED BLACK M/R TIP CAP. | | | |
| CHG CODE C | | | | | | | | | |
| DELAY DAYS | | 1 | 2 | 3 | | | | | |
| | | 5/007 | / | / | | | | | |
| A/C HOURS 0000347.6 WHEN DISC B HOW REC G MAL EFF 2 WUC 05 | | | | | | OMH 0.0 PMH 0.0 DMH 8.5 | | | |
| W O | | REQ | | OTHER 2408-13-2 | | | | | |

| | | | | | | | | | |
|---|---|---------|-----|-----------------|-----|------------------------------|------|---------------|--|
| STACAC | + | DATE | NO | TIME | PID | DATE 02APR93 | TIME | HRS 0000347.6 | |
| STATEL | | 26MAR93 | 002 | | | | | | |
| STATAR | | | | | | | | | |
| FAULT/REMARKS TAILWHEEL LOCKPIN INOP. ACFT RESTRICTED FROM ROLL-ON LANDINGS. | | | | | | ACTION REPLACED COCKPINS. | | | |
| CHG CODE C | | | | | | | | | |
| DELAY DAYS | | 1 | 2 | 3 | | | | | |
| | | 5/007 | / | / | | | | | |
| A/C HOURS 0000347.6 WHEN DISC B HOW REC G MAL EFF 4 WUC 03 | | | | | | OMH 0.0 PMH 0.0 DMH 1.5 | | | |
| W O | | REQ | | OTHER 2408-13-2 | | | | | |

| | | | | | | | | | |
|---|---|---------|-----|-----------------|-----|---|------|---------------|--|
| STACAC | X | DATE | NO | TIME | PID | DATE 02APR93 | TIME | HRS 0000347.6 | |
| STATEL | | 28PEB93 | 003 | | | | | | |
| STATAR | | | | | | | | | |
| FAULT/REMARKS AIRCRAFT HAS BULLET HOLE AT LEFT OF TAIL ATTACH AREA, L/H SIDE WITH INTERNAL DAMAGE. | | | | | | ACTION REPAIRED BULLET DAMAGE TO TAILBEAM. | | | |
| CHG CODE P | | | | | | | | | |
| DELAY DAYS | | 1 | 2 | 3 | | | | | |
| | | 7/032 | / | / | | | | | |
| A/C HOURS 0000346.4 WHEN DISC V HOW REC G MAL EFF 2 WUC 02 | | | | | | OMH 0.0 PMH 0.0 DMH 44.1 | | | |
| W O A101-2 | | REQ | | OTHER 2408-13-2 | | | | | |



Best Western
Old Main Lodge



IH 35 @ BAYLOR UNIVERSITY PO BOX 174
WACO, TEXAS 76703
(817) 753-0316 FAX (817) 753-3811
RESERVATIONS 1 800 299-WACO (9226)

**GUEST
FOLIO**

| | |
|----------------|-----|
| BALANCE DUE | .00 |
|----------------|-----|

ARRIVE NGTS DEPART
FRI MAR26, 93 03 MON MAR29, 93
ROOM MKT S/A# T/A#
126 GM
TYPE A K R C E D M
QQ 1

NAME / ADDRESS

[REDACTED] - 1
U. S. TREASURY

AUSTIN , TX
78763 USA AUS

PAY BY
GTD BY CA

[REDACTED] - 2

TIME EMP FOLIO #
1105 S1 00577

| LINE | DATE | DESCRIPTION | REFERENCE | AMOUNT | ID |
|------|-------|-------------|-----------|---------|----|
| 1 | MAR26 | CASH | | 144.00- | S1 |
| 2 | MAR26 | ROOM | Rm 126E | 48.00+ | NA |
| 3 | MAR27 | ROOM | Rm 126E | 48.00+ | NA |
| 4 | MAR28 | ROOM | Rm 126E | 48.00+ | NA |

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Have a safe trip!

STATE OF TEXAS
ADJUTANT GENERAL'S DEPARTMENT
POST OFFICE BOX 5218
AUSTIN, TEXAS 78763-5218

ORDERS 059-164

26 March 1993

[REDACTED] HQ STATE AREA COMMAND(-)
(8BBAA-001) [REDACTED]

You are to proceed on temporary duty as shown below and will return to your permanent station upon completion of the duty.

Temporary duty at : WACO, TEXAS
Purpose: SUPPORT AGTX-CD OPERATIONS
Type duty code: 40E Active Duty Special Work
Number of days: 2 Day(s) (27 March 1993 - 28 March 1993)
Will proceed date : 0730 27 MAR 1993

Additional instructions:

- (a) Government quarters and rations are not available.
- (b) Per diem is authorized in accordance with JFTR Vol 1.
- (c) Travel by government transportation is authorized.
- (d) Authority is granted to make such changes in duty locations as may be necessary for accomplishment of this mission.
- (e) Individual will submit DD Form 1351-2 through their Commander to AGTX-SCM-V NLT 5 days after performing duty.
- (f) P/D \$26.00 GA \$0

Acct clas:
Off tvl/pd: 2132060 18-1041 P2M11.1000-211J/219J S41292 CTD 8BBAA
Format: 400

FOR THE ADJUTANT GENERAL:

////////////////////
// HQ, ARNG //
// OFFICIAL //
[REDACTED]
ADJUTANT

2

DISTRIBUTION:
AGTX-CD (5)
AGTX-SCF (2)

STATE OF TEXAS
ADJUTANT GENERAL'S DEPARTMENT
POST OFFICE BOX 5218
AUSTIN, TEXAS 78763-5218

ORDERS 059-179

26 March 1993

Following order is amended as indicated.

So much of: Orders 056039 this Hq dtd 23 March 1993

Pertaining to:

ADSW for
(8BBA2-004)

DET 2 HQ STARC (KILL [REDACTED])

As reads: NUMBER OF DAYS: 07 DAY(S) (19 MAR 1993 - 26 MAR 1993)
How changed: NUMBER OF DAYS: 12 DAY(S) (19 MAR 1993 - 31 MAR 1993)
Auth: Subsec 502(f) Title 32 USC, AGTX-CD
Type duty code: 402 Active Duty Special Work
Format: 700

FOR THE ADJUTANT GENERAL:

////////////////////
// HQ. ARNG //
// OFFICIAL //
////////////////////

DISTRIBUTION:
AGTX-CD (5)
AGTX-SCF (2)

2

RECEIVED
ADJUTANT GENERAL'S DEPT.

30 MAR 93 15 13
(Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)

3

| | | | | | | | |
|--|------------------------|---|----------------|-----------------------|------------------------------|-------------------|-----------|
| TRAVEL VOUCHER OR SUBVOUCHER | | | | FOR DO USE ONLY | | | |
| READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM | | | | DO VOUCHER NO. | | | |
| LAST NAME - FIRST NAME - MIDDLE INITIAL (Print type) | | | | SUBVOUCHER NO. | | | |
| GRADE/RANK (Print type) | | | | PAID BY | | | |
| DUTY PHONE NO. | | | | AGTX-OTM-D | | | |
| OFFICE ADDRESS (Include) | | | | 31 MAR 1993 RECEIVED | | | |
| ORGANIZATION AND STATION | | | | AGTX-OTM-D | | | |
| HO STAR (C), AGTX-CD, P.O. Box 5218 Austin, TX 78763 | | | | 91 MAR 1993 SUBMITTED | | | |
| TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders) | | | | COMPUTATIONS | | | |
| 061-023 AGTX-CD 30 Mar 93 | | | | 6 NIGHTS @ 48.00 | | | |
| PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state) | | | | | | | |
| None | | | | | | | |
| 1. ITINERARY (See Item 25 for Symbols) | | | | | | | |
| DATE | LOCAL TIME | PLACE | MODE OF TRAVEL | REASON FOR TRIP | COST OF LODGING | NUMBER OF MEALS | POC MILES |
| 19 93 | (24 Hour Clock) | Home, Office, Base, Activity, City and State, City and Country, etc.) | | | | GOVT / OPEN MEALS | |
| 20 Mar | DEP 0730 | AUSTIN TX | GA | | | 0/0 | |
| 20 Mar | ARR 0930 | | | | | | |
| 26 Mar | DEP 1715 | WACO, TX | GA | TD | 288 | 0/0 | |
| 26 Mar | ARR 1900 | AUSTIN, TX | | MC | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| 2. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24) | | | | | | | |
| DATE | NATURE AND EXPLANATION | | | AMT. CLAIMED | ALLOWED | | |
| | None | | | | | | |
| 6. Long distance telephone calls are certified as necessary in the interest of the Government. | | | | | | | |
| APPROVING OFFICER (31 USC 680a) | | | | | | | |
| 7. TR/MTA/MTS (If none, so state) | | | | | | | |
| NUMBER | FROM | | TO | | SUMMARY OF PAYMENT | | |
| | None | | | | Per Diem | | |
| | | | | | Actual Expense | | |
| | | | | | Mileage or Transp Allowances | | |
| | | | | | Reimbursable Expenses | | |
| | | | | | Total Entitlement | | |
| | | | | | Less Previous Payments | | |
| | | | | | Less Voucher Deductions | | |
| | | | | | Amt. Charged to Accty. Class | | |
| 11. PAYMENT DESIRED | | | | | | | |
| <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH | | | | | | | |
| 8. LEAVE STATEMENT: 0 days 0 hours taken between 0 and 0 | | | | | | | |
| 12. PER DIEM REQUESTED | | | | | | | |
| 9. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER | | | | | | | |
| 13. BAS RATE | | | | | | | |
| 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.) | | | | | | | |
| 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. | | | | | | | |
| 14. SIGNATURE OF CLAIMANT | | | | | | | |
| DATE 26 MAR 93 | | | | | | | |
| 15. JOURNALING CLASSIFICATION | | | | | | | |
| OTM-D | | | | | | | |
| 60 11 31 MAR 93 11 09 | | | | | | | |
| 16. COLLECTION DATA | | | | | | | |

REFERENCES:

- A. CJCS 190050Z Dec 1991, "Delegation of Authority"
- B. DoD Dir S-5210.36, "Provision of DoD Sensitive Support to DoD Components and other Departments and Agencies of the US Gov"
- C. DoD Instruction 5525.10, "Using Military Working Dog Teams to Support LEAs in Counterdrug Missions"
- D. SM 401-87, "Peacetime reconnaissance and certain sensitive operations (PRSCO)"
- E. PL 101-510, Section 1004 (as amended by ~~PL 102-184~~ Section ~~1001~~ ~~PL 102-190~~, Section 1088)
- F. PL 101-189, Section 1206
- G. 10 USC Chapter 18 (sections 371-380), "Military Support for Civilian Law Enforcement Agencies"
- H. DoD Reg 5240.1-R, "Procedures Governing the Activities of DoD Intelligence Components that affect United States persons."
- I. Title V of the National Security Act of 1947, as amended, "Accountability for Intelligence Activities," Sections 501 and 502 (50 USC 413 and 414)
- J. DoD Dir 5105.21, "Defense Intelligence Agency"
- K. DoD Dir 5525.5, "DoD Cooperation with Civilian Law Enforcement Officials"

SUBJECT: Delegation of Authority for Approving Operational Support to Drug Law Enforcement Agencies and Counter-Drug Related Deployment of DoD Personnel

1. This message supersedes Ref A. [prior Delegation of Authority msg, dtd Dec 91]. ~~As provided in Ref A, the terms set forth in this message.~~ SECDEF hereby delegates authority to CINCs to approve certain counter-drug (CD) related deployments of DoD personnel and certain operational support to ~~US~~ US Federal, State, and Local, including Territorial and Tribal, Law Enforcement Agencies, ~~or~~ other governmental agencies with CD responsibilities when, with respect to such other governmental agencies with CD responsibilities, authorities other than [10 USC 371 to 380] can be established (DLEAS) or ~~foreign~~ foreign entities with CD law enforcement responsibilities (Foreign DLEAS). ~~in accordance with this message.~~ Support to such foreign DLEAS, however, must be based on a request from a US Federal DLEA.

00021734

D-1775

Initial denial authority rests with the CINCs. Appeals will be processed to the DoD Coordinator for Drug Enforcement Policy and Support (OCDEPS) through the Joint Staff (J-3/CNOD) for action. Operational support is defined as CD support involving military personnel, military personnel with their associated equipment, and training provided by the CINCs from forces assigned to them or made available to them by DoD components for this purpose.

~~Nonoperational support continues to be provided IAW service and defense agency regulations and procedures. Nonoperational support includes support in the form of equipment alone, the use of facilities, training in formal schools, the conduct of joint law enforcement investigations by military criminal investigative organizations with cooperating civilian law enforcement agencies (LEAS), or other support provided by DoD components from forces not assigned or made available to the CINCS. Operational support does not include support in the form of equipment alone, the use of facilities, training in formal schools, the conduct of joint law enforcement investigations by military criminal investigative organizations with cooperating civilian law enforcement agencies (LEAS), or other support provided by DoD components from forces not assigned or made available to the CINCS. Sensitive support to special activities will be processed IAW Ref B. [DoD Dir S-5210.36]. Military working Dog support is governed by Ref C. [DoD Instruction 5525.10]. This message is not, repeat not, intended to limit a CINC's authority to carry out CD detection and monitoring (DM) operations, such as those conducted by US military ships and aircraft in accordance with 10 USC 124, that have been addressed in separate execute orders (such as those conducted by US military ships and aircraft IAW 10 USC 124.) Execution authority for CD DM operations under 10 USC 124 must be addressed in separate execute orders.~~

2. In the US and its territories or in international waters or airspace, authority is delegated (with authority to redelegate IAW para 5e below) to approve the following types of operational support to US or Foreign DLEAS. (subject to the other provisions of this message), if support will involve no more than 400 personnel for no longer than 179 days and will occur within the CINC's AOR or, in the cases of CINCNORAD and CINCFOR, the area for which each has been previously designated as responsible for CD operations. (This does not include authority to conduct activities or to direct the employment of airborne/seaborne reconnaissance assets otherwise controlled by Ref D [SM 401-87]. It is not intended to contradict Ref D or the Defense Intelligence Agency (DIA) CD Intelligence requirements validation process.)

A. GROUND RECONNAISSANCE ~~TRAINING~~ IAW Ref E [PL 101-510, Sec 1004, as amended] (within 25 miles of US borders) and ground reconnaissance training (Conducted in drug interdiction areas IAW Ref F [1206] or in other remote areas of the US IAW Ref G [10 USC 374], restricted to the categories specified below, for area

2.

00021735

D-1776

Z 0004129

buildings, vehicles, vessels (on US internal waters and waterways), or persons. Initial detection and reporting of the existence of buildings or the presence or movement of vehicles, vessels, or persons within a certain area is permissible. However, authority is not ~~delegated~~ granted to approve pursuit of suspicious vehicles, vessels, or persons to provide their continuing coordinates to DLEAs or systematic and deliberate observation on a continuing basis (this prohibition is not intended to preclude approval of ~~continuing~~ visual observation from a fixed point ~~on the ground as part of an approved~~ ~~training mission~~.) Approved categories include training activities that include the use of:

(1) unattended ground sensors,

(2) visual ground reconnaissance (~~includes~~ mobile patrols and listening posts/observation posts (LP/OP) ~~using~~ and ~~use of~~ binoculars, ~~cameras~~, night vision devices, and infrared, including FLIR or Low-Light Devices). ~~the authority to approve the use of infrared and other high technology imagery devices is delegated only for area reconnaissance of public lands (exclusive of buildings).~~

(3) ground surveillance radar (GSR).

~~F. The detection, monitoring, and communication of the movement of surface traffic located in areas outside the boundaries of the United States and the detection and communication of the existence or the initial movement into the United States of surface traffic that was first detected outside of US boundaries. (The National Defense Authorization Act for FY 93 also provides authorization to DoD for the detection, monitoring, and communication of the movement of certain surface traffic within 25 miles of the US boundary inside the United States. Authority is not delegated under this subparagraph to approve any monitoring of surface traffic within the United States.)~~

~~C~~ B. AERIAL RECONNAISSANCE of ~~airial~~ maritime or surface areas (land and internal waters and waterways of the US and its territories) from public airspace, restricted to the categories specified below. Excluded from this approval authority is targeting of vehicles, vessels, or persons. Initial detection and reporting the presence or movement of vehicles, vessels, or persons within surface areas is permissible. However, authority is not delegated to approve tracking of suspicious vehicles, vessels or persons to provide their continuing coordinates to DLEAs unless the activity is a proper continuation of an approved aerial and maritime detection and monitoring mission ~~on the ground~~. Requests for aerial reconnaissance support to DLEAs, unless authorized under Ref E

not, repeat not, authorized to approve transportation support in direct tactical support of the operational portions of ongoing DLEA/Foreign DLEA operations or of any activities where hostilities are imminent. (NOTE: transportation can be authorized under Ref E [1004] without being funded from funds specifically provided for use by the CINC under Ref E, if CINC has coordinated other appropriate funding sources. See para 6 [Funding])

G. INTEL ANALYST SUPPORT (consistent with Refs H & I [DoD 5240.1-R & Title V, National Security Act of 1947, as amended] and subject to DoD Component General Counsel approval when military intelligence components and/or personnel, as defined in Ref H [DoD 5240.1-R] and component implementing directives, are used to support DLEAS).

H. TUNNEL DETECTION SUPPORT.

I. DIVER SUPPORT for subsurface hull inspections (Divers ~~may~~ are to visually inspect and report to DLEAS any unusual physical hull configurations. ~~They may not and are not to attempt entry, search, or alteration of features detected.~~)

J. MILITARY ENGINEERING SUPPORT OF TRAINING (not to include MILCON or provision of materials).

K. USE OF MILITARY VESSELS FOR ESTABLISHING BASES OF OPERATION for DLEAS (the operation of a base of operations for DLEAS, except when approved under Ref E [1004], requires coordination with the Attorney General. Such coordination will be pursued as in subpara 2F [Linguist Support]).

L. MAINTENANCE SUPPORT IAW Ref E [1004] and G [10 USC 371-380] (not to include the cost of parts or equipment to be funded under Ref E ~~or other sources~~).

3. In Host Nations within the CINC's AOR, or area in which the CINC has been assigned CD responsibility, . . . [generally NA to JTF-6]

4. CINCs may approve preplanned and short-notice country team or DLEA requests that are a part of SECDEF preapproved ~~operations~~ missions (whether involving one or several countries) subject to the following:

A. The CINC must gain approval of the ~~overall~~ detailed concept of ops by briefing SECDEF/DEPSECDEF ~~before~~ before the commencement of operations.

B. At least 30 days ~~before~~ before the brief required per subparagraph 4A above, a CINC's concept/campaign plan, in sufficient detail for meaningful operational and legal review,

Staff/OSD/Service review.

C. Proposed activities must be consistent with legal and foreign policy constraints.

D. CINC must have host nation and country team approval.

E. CINC must provide notification, IAW paras 4B, 5K, and 5N, ~~at least 3 working days~~ at least 3 working days (whenever feasible) prior to before executing each specific support activity that is a part of preapproved operations (whether involving one or several countries).

F. Planned reconnaissance support will be submitted IAW Ref. D [SM 401-87], if applicable.

5. Coordinating Instructions.

A. All intelligence activities of DoD intelligence components and/or personnel must be conducted IAW Ref H [DoD Reg 5240.1-R]. Persons executing delegated authority under the terms of this msg will obtain applicable DoD ~~general~~ general counsel approval for use of intelligence personnel in support of DLEAs. Such requests for DoD component general counsel approval will be coordinated directly with the applicable component point of contact (POC) listed in subparagraph 5K. Per Reference J [DoD Dir 5105.21, "Defense Intelligence Agency"], DIA has responsibility for validating, registering, assigning, recommending priorities for, and monitoring DoD collection activities. DIA also retains responsibility for maintaining and operating facilities for DoD imagery, indexing, processing, duplication, evaluation, exploitation, and central repository services in support of DoD and other authorized recipients. DIA POC is DIA Counterdrug Intelligence Center, DSN 223-2787 (STU III).

B. In considering all requests, CINCS will be mindful that if the operational support requested involves the obligation or expenditure of intelligence funds not specifically appropriated for such activities, Reference I, [Title V of the National Security Act of 1947, as amended, "Accountability for Intelligence Activities," Sections 501 and 502 (50 USC 413 and 414)] requires that SECDEF advise appropriate committees of the Congress. Reference I also requires that SECDEF keep the select committees on intelligence fully and currently informed concerning all ongoing intelligence activities. CINCS will obtain SECDEF's consent for new intelligence projects not specifically approved for funding and will keep him apprised of ongoing intelligence activities through existing intelligence channels.

00021739

D-1780

private land without the written permission of the landowner must be forwarded to the Joint Staff for review and SECDEF approval.

D. CINCS will ensure that DoD personnel do not directly participate in search, seizure, arrest, or other similar activities (stop and frisk; containment; interdiction of vehicles, vessels, or aircraft; surveillance or pursuit of persons (unless specifically authorized as a part of an approved detection and monitoring operation); or interrogation) when providing support, and will make every attempt to minimize the possibility of confrontation (armed or otherwise) with civilians.

E. CINCS may further delegate approval authority (subject to the limitations of paragraphs 2 thru 4) to flag and general officers within their chains of command. Delegation of approval authority to levels below flag rank is not authorized. CINCS will provide instructions (within the limitations of this message for delegation of approval authority to their delegates. Such instructions will require legal review of all proposed approvals of operational support, ~~prior to~~ before issuance.

F. Delegation or redelegation of approval authority neither constitutes nor implies tasking authority over forces not under the operational control of the CINC. CINCS are authorized direct liaison with services and other CINCS to coordinate use of non-CINC forces.

G. CINCS are authorized to designate areas as "Drug Interdiction Areas" consistent with the definition contained in Reference F [PL 101-189, Section 1206]. Such designations will be prepared in writing, with supporting rationale, and provided along with information required in subparagraph 5N to the addressees in subparagraph 5K. Declaration of a Drug Interdiction Area in areas outside of the United States does not provide additional delegated authority not otherwise contained in this message.

H. When providing support within the AOR of another CINC, that CINC must be notified. Minor missions of limited duration may be coordinated by telephone, with follow-up message.

I. Transfer of OPCON of forces from one CINC to another requires SECDEF approval and a Joint Staff deployment order.

J. Minor changes in operational support deployments will be dealt with as follows:

(1) For SECDEF/DEPSECDEF approved operational support, minor changes in dates for deployment (up to 30 days after, but not earlier than approved date), ~~for redeployment~~ redeployment (plus or minus 30 days from the approved date) or ~~for redeployment~~

persons or 10 percent of the approved deployment number (whichever is greater) do not require SECDEF amendments to SECDEF deployment orders. However, when dates of deployment or redeployment slip more than seven days, provide notification IAW paragraph 5K. ~~Minor changes in personnel (as defined above) or deployment and redeployment changes of less than 9 days do not require notification.~~

(2) For operational support approved under this delegation of authority, changes in deployment or redeployment dates of more than seven days or in numbers of deploying or deployed personnel exceeding 5 persons or 10 percent of the total deployment (whichever is greater) from that originally reported in the notification required under paragraph 5K, require a new notification IAW paragraph 5K. If the change would exceed authorities delegated to the CINC, a separate SECDEF approval will be sought.

K. Whenever a request for operational support is received by a CINC, that CINC will either take the request for action or immediately forward it through the appropriate chain of command. When requests are approved under delegated authority, CINCs will inform the Joint Staff (J3/CNOD/SOD), OSD(OCDEPS), OSD(ISA), DUSD(SP), State Department (PM-ISO/INM/applicable region (i.e., ARA, EAP, etc), the applicable DLEA headquarters, and appropriate military department points of contact (Army - HQDA WASH DC//DAMO-ODD/SAGC/EAP//; Air Force - HQ USAF WASH DC//XOCD/SAF-GCM//; Navy - UNSECNAV WASH DC // JGC-OPA//; ~~NO WASH DC//NSA//~~; and Marine Corps - CMC Washington DC//SO-LIC/JA/CL//) at least 3 working days before execution (whenever feasible) with information specified in subparagraph 5N below, and indicate the specific provision of this message under which support was approved. (Because ~~activities near~~ the US-Mexican border remain politically sensitive area, expeditious notification is particularly necessary in those ~~instances~~ operations.) ~~Notification of intent requests~~ When a CINC intends to support foreign DLEAs under reference E [PL 101-510, Section 1004 (as amended by PL 102-484, Section 1041)], ~~in addition~~ a separate notification, clearly labeled "Support to Foreign DLEAs," containing the same information required by subparagraph 5N will be sent to ~~OSD~~ (OCDEPS/~~SP~~/~~PI~~) info to the Joint Staff (J3/CNOD), not less than 5 working days in advance of execution ~~whenever possible~~ to facilitate congressional notification ~~prior to~~ before provision of support. Exceptions to this requirement are not authorized. Such operational support will also be reported in the monthly CD sitrep. If a CINC's disapproval of an operational support request is based solely on a lack of available assets, a notification of that disapproval (including all of the necessary particulars) will be provided to the above addressees for evaluation of possible alternatives.

"WHEN USING BALL-POINT PEN PRESS HARD TO ASSURE LEGIBILITY ON ALL COPIES"

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - SEE REVERSE)

REVIEWED BY [REDACTED] DATE: 30 MAR 93

ADSW

2
3

| | | | | | | | |
|---|----------------------------|---|--|---------------------|-----------------|--|--------------|
| TRAVEL VOUCHER OR SUBVOUCHER | | (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil) | | 10. FOR DO USE ONLY | | | |
| READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM | | | | DO VOUCHER NO. | | | |
| [REDACTED] | | | | SUBVOUCHER NO. | | | |
| CHECK MAILING ADDRESS (Include ZIP Code) | | | | DUTY PHONE NO. | | | |
| [REDACTED] | | | | 465-5596 | | | |
| ORGANIZATION AND STATION | | | | | | | |
| AGTX-CD Austin, TX | | | | | | | |
| TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders) | | | | | | | |
| 054-014 19 MAR 93 | | | | | | | |
| PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. if none, so state) | | | | | | | |
| None | | | | | | | |
| 1. ITINERARY (See Item 25 for Symbols) | | | | | | | |
| DATE | LOCAL TIME (24 Hour Clock) | PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | MODE OF TRAVEL | REASON FOR STOP | COST OF LODGING | 3. NUMBER OF MEALS GOVT / OPEN MESS | 4. POC MILES |
| 19 Mar | DEP 0800 | Austin, TX | GA | | | | |
| 19 Mar | ARR 0930 | | | TD | 336.00 | 8 | |
| 26 Mar | DEP 1715 | Waco, TX | GA | | | 4 | |
| 26 Mar | ARR 1900 | Austin, TX | | MC | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| 5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24) | | | | | | | |
| DATE | NATURE AND EXPLANATION | | | AMT. CLAIMED | ALLOWED | | |
| | None | | | | | | |
| 6. Long distance telephone calls are certified as necessary in the interest of the Government. APPROVING OFFICER (31 USC 680e) | | | | | | | |
| 7. TR'S/MTA'S/MTS (If none, so state) | | | | | | | |
| NUMBER | FROM | | | TO | | | |
| | None | | | | | | |
| 8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____ | | | | | | | |
| 9. POC TRAVEL <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER | | | | | | | |
| PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR _____ YEARS OR BOTH (U.S. Code, Title 18, Section 287.) | | | | | | | |
| 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. [REDACTED] | | | | | | | |
| 15. PAYMENT CLASSIFICATION | | | | | | | |
| 4 | | | | | | | |
| 16. COLLECTION DATA | | | | | | | |
| 17. COMPUTED BY | 18. AUDITED BY | 19. TVL RCRD POSTED BY | 20. RECEIVED (Payee signature and date or check no.) | 21. AMOUNT PAID | | | |

AGTX-OTM-D

30 MAR 1993 RECEIVED

AGTX-OTM-D

31 MAR 1993 SUBMITTED

COMPUTATIONS

SUMMARY OF PAYMENT

| | |
|------------------------------|--|
| Per Diem | |
| Actual Expense | |
| Mileage or Transp Allowances | |
| Reimbursable Expenses | |
| Total Entitlement | |
| Less Previous Payments | |
| Less Voucher Deductions | |
| Am't Charged to Acctg Class | |

11. PAYMENT DESIRED CHECK CASH

12. PER DIEM REQUESTED

13. BAS RATE

DATE 26 Mar 93

WACO OPERATIONS

NAME 24 25 26 27 28 29 30 31 01 02 03 04 05 06 07

March

April

| NAME | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |
|------|----|----|--------------|--------------|----|----|----|----|----|----|----|----|----|----|----|
| 1 | | | P | P | | | | | | | | | | | |
| 2 | | | | P | P | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |
| 4 | | P | P | P | | P | P | P | | | | | | | |
| 5 | | | | | | | | | | | | | | | |
| 6 | | P | P | P | | P | P | P | | | | | | | |
| 7 | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | |
| 9 | | P | P | P | P | P | P | P | | | | | | | |
| 0 | | P | P | P | | | | | | | | | | | |
| 1 | | P | P | P | P | P | P | P | | | | | | | |
| 2 | | P | P | P | P | P | P | P | | | | | | | |
| 3 | | P | P | P | P | P | P | P | | | | | | | |
| 4 | | P | P | P | P | P | | | | | | | | | |
| 5 | | P | P | P | P | P | P | P | | | | | | | |
| 6 | | P | P | P | P | P | | | | | | | | | |
| 7 | | P | P | P | P | P | | | | | | | | | |
| 8 | | P | P | P | P | P | | | | | | | | | |
| 9 | | P | P | P | P | P | | | | | | | | | |
| 10 | | P | P | P | P | P | | | | | | | | | |
| 11 | | | | | | | P | P | | | | | | | |
| 12 | | | | P | P | P | | | | | | | | | |
| 13 | | | | P | P | | | | | | | | | | |

DAILY ISSUES OF PETROLEUM PRODUCTS

For use of this form, see AR 703-1; the proponent agency is DCSLOG

PAGE NO.

NO. OF PAGES

4
10

| VEHICLE USA REGISTRATION NUMBER | TYPE, GRADE AND UNIT OF ISSUES FOR EACH PRODUCT ISSUED | | | | | | ORGANIZATION AND ADDRESS (Indicate Service: A, Army; AF, Air Force; N, Navy; M, Marine Corps) | SIGNATURE, GRADE |
|---------------------------------------|---|---|---|----------|---|-----------|--|---|
| | ISSUES | | | RECEIPTS | | | | |
| | a | b | c | d | e | f | | |
| 2AA01221 | 18 | | | | | | I16B m.2 |  |
| 2AA01223 | 3 | | | | | | I4A m.2 | |
| 2AA01175 | 21 | | | | | | I5A m.2 | |
| 2AA01222 | 37 | | | | | | I17B m.2 | |
| 2AA01180 | 21 | | | | | | I14B m.2 | |
| 2AA01202 | 34 | | | | | | I3A m.2 | |
| 014961 | 40 | | | | | | ACTIVE ARMY | |
| TOTAL RECEIPTS | | | | | | | | |
| TOTAL ISSUES | 184 | | | | | | | |
| POST, CAMP OR STATION | | | | | | DATE | SIGNATURE OF ATTENDANT | |
| | | | | | | 26-MAR-13 |  | |

1
2
3
4
5
6
7

*** ACTIVITY REPORT ***

TRANSMISSION OK

000000

| | |
|----------------|-------------|
| TX/RX NO. | 2394 |
| CONNECTION TEL | 7p2895859 |
| CONNECTION ID | |
| START TIME | 03/30 15:36 |
| USAGE TIME | 02'44 |
| PAGES | 4 |
| RESULT | OK |

30 MAR 93

| | | | | | | | | |
|---|---------------|-----------|-------------------------------------|-----------------|--------|---|--------------|----------|
| FSC | MIN | ADD | QUANTITY | DOCUMENT NUMBER | SERIAL | UNIT PRICE | DOLLARS | CTS |
| 8405012324950 | EA | 00002 | 1708 | H00EE3306 | 1708 | | 109.20 | |
| TO | | | MARK FOR | | | PROJECT | | |
| HOOD | | | ATF MT. CARMEL WACO, TX | | | 1208 TRANSFER MINOR PROPERTY C093 | | |
| LOCATION | TYPE OF CARBO | UNIT PACK | UNIT WEIGHT | UNIT CUBE | U P C | NMFC | FREIGHT RATE | QUANTITY |
| 24880 | | | | | | | | |
| DATA (ITEM ORIGINALLY REQUESTED) | | | FREIGHT CLASSIFICATION NOMENCLATURE | | | | | |
| 26 March 93 | | | ITEM NOMENCLATURE RANCOAT (2) ea | | | | | |
| TYPE OF CONTAINER(S) | | | TOTAL WEIGHT | | | RECEIVED BY AND DATE | | |
| [REDACTED] | | | [REDACTED] | | | [REDACTED] | | |
| NO. OF CONTAINERS | | | TOTAL CUBE | | | WAREHOUSE LOCATION | | |
| [REDACTED] | | | [REDACTED] | | | [REDACTED] | | |
| SPEC. OF EXCESS PERSONAL PROPERTY UNDER SECTION 1208 | | | | | | | | |
| <p>Item is excess to the needs of DoD and is hereby permanently relinquished in support of your country's mission under 1208 of the Nat'l Def Auth Act for FY 90/91, subject to the provisions:</p> <p>It is provided "as is" with no guarantees or warranties (explicit or implied) and no maintenance, insurance or other responsibilities on receiver's signature (and date). With these terms the sole responsibility of your agency is assumed.</p> <p>If this equipment is no longer needed, disposal will be made according to the laws governing your agency.</p> | | | | | | | | |
| 30 8/5 | | | | | | 15 RECEIVER'S DOCUMENT NUMBER L21 | | |
| DOD SINGLE LINE ITEM RELEASE/RECEIPT DOCUMENT | | | | | | | | |

MAR-26-1993 10:58 FROM RLSO III EL PASO, TX. TO DRMO HOOD P.02

| | | | | | | | | |
|---|---------------|-----------|-------------------------------------|-----------------|--------|---|--------------|----------|
| FSC | MIN | ADD | QUANTITY | DOCUMENT NUMBER | SERIAL | UNIT PRICE | DOLLARS | CTS |
| 1A465893049U | EA | 00002 | 1707 | H90EE3305 | 1707 | | 150.00 | |
| TO | | | MARK FOR | | | PROJECT | | |
| 10 HOOD | | | ATF MT. CARMEL WACO, TX | | | 1208 TRANSFER MINOR PROPERTY C093 | | |
| LOCATION | TYPE OF CARBO | UNIT PACK | UNIT WEIGHT | UNIT CUBE | U P C | NMFC | FREIGHT RATE | QUANTITY |
| 2242A0 | | | | | | | | |
| DATA (ITEM ORIGINALLY REQUESTED) | | | FREIGHT CLASSIFICATION NOMENCLATURE | | | | | |
| 26 March 93 | | | ITEM NOMENCLATURE BAG (30) EA | | | | | |
| TYPE OF CONTAINER(S) | | | TOTAL WEIGHT | | | RECEIVED BY AND DATE | | |
| [REDACTED] | | | [REDACTED] | | | [REDACTED] | | |
| NO. OF CONTAINERS | | | TOTAL CUBE | | | WAREHOUSE LOCATION | | |
| [REDACTED] | | | [REDACTED] | | | [REDACTED] | | |
| SPEC. OF EXCESS PERSONAL PROPERTY UNDER SECTION 1208 | | | | | | | | |
| <p>Item is excess to the needs of DoD and is hereby permanently relinquished in support of your country's mission under 1208 of the Nat'l Def Auth Act for FY 90/91, subject to the provisions:</p> <p>It is provided "as is" with no guarantees or warranties (explicit or implied) and no maintenance, insurance or other responsibilities on receiver's signature (and date). With these terms the sole responsibility of your agency is assumed.</p> <p>If this equipment is no longer needed, disposal will be made according to the laws governing your agency.</p> | | | | | | | | |
| 30 8/5 | | | | | | 15 RECEIVER'S DOCUMENT NUMBER L20 | | |

Z 0033948

| | | | |
|---------------------------------|--|---|---|
| FROM: 8415893060U | QUANTITY: EA00009 | DOCUMENT NUMBER: H9DEE330851706 | UNIT PRICE: 150.00 |
| TO: MO HOOD | SHIP TO: ATF MT. CARMEL WACO, TX | MARK FOR PROJECT: 1208 TRANSFER MINOR PROPERTY C093 | TOTAL CHECK: 150.00 |
| CUBE LOCATION: 10235C0 | TYPE OF CARGO: H | UNIT WEIGHT: H | UNIT CUBE: 9 |
| DATE: 26 March 93 | ITEM NOMENCLATURE: 9 DOC = BDU UNIFOR ENTIRE BATCH | CONTAINER NUMBER: U81JTH30628867 | INSPECTED BY AND DATE: [REDACTED] |
| NO. OF CONTAINERS: [REDACTED] | TOTAL CUBE: [REDACTED] | WARDHOUSE LOCATION: [REDACTED] | RECEIVER'S SIGNATURE AND DATE: [REDACTED] |
| RECEIVER'S DOCUMENT NUMBER: L20 | DOD SINGLE LINE ITEM RELEASE/RECEIPT DOCUMENT | | |

MAR-26-1993 10:57 FROM ALED III EL PASO, TX TO DRMO HOOD P.01

| | | | |
|---------------------------------|---|---|---|
| FROM: 8415893055U | QUANTITY: EA00023 | DOCUMENT NUMBER: H9DEE330851705 | UNIT PRICE: 150.00 |
| TO: MO HOOD | SHIP TO: ATF MT. CARMEL WACO, TX | MARK FOR PROJECT: 1208 TRANSFER MINOR PROPERTY C093 | TOTAL CHECK: 150.00 |
| CUBE LOCATION: 010237C0 | TYPE OF CARGO: H | UNIT WEIGHT: H | UNIT CUBE: 23 |
| DATE: 26 March 93 | ITEM NOMENCLATURE: 23 DOC = BDU UNIFORMS ENTIRE BATCH | CONTAINER NUMBER: U81JTH30628888 | INSPECTED BY AND DATE: [REDACTED] |
| NO. OF CONTAINERS: [REDACTED] | TOTAL CUBE: [REDACTED] | WARDHOUSE LOCATION: [REDACTED] | RECEIVER'S SIGNATURE AND DATE: [REDACTED] |
| RECEIVER'S DOCUMENT NUMBER: L20 | DOD SINGLE LINE ITEM RELEASE/RECEIPT DOCUMENT | | |

| FROM | | STOCK NUMBER | | QUANTITY | | DOCUMENT NUMBER | | SERIAL | | ADDRESS | | PROJECT | | UNIT PRICE | | | | | |
|---|----|----------------------------|-----|---------------------------------|-------|------------------------|------|----------------------|--------|--|---------|-----------------------|-----|---------------|---------|----------|--|----------|--|
| RI | MI | SEC | NUM | ADD | ISSUE | REQUISITION | DATE | DATE | SERIAL | ADDRESS | PROJECT | ACT | PRI | ORIG | DOLLARS | | | | |
| 8 | 4 | 0 | 5 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 44.59 | | | | |
| FROM | | SHIP TO | | MARK FOR | | PROJECT | | TOTAL PRICE | | | | | | | | | | | |
| MO HOOD | | ATF MT. CARMEL WACO, TX | | 1208 TRANSFER MINOR PROPERTY | | C093 | | 3 | | | | | | | | | | | |
| CUBE LOCATION | | TYPE OF CUBE | | UNIT WEIGHT | | UNIT CUBE | | U S C | | NMFC | | FREIGHT RATE | | DOCUMENT DATE | | MAY COMB | | QUANTITY | |
| 11024880 | | | | | | | | | | | | | | H | | | | | |
| DATE (ITEM ORIGINALLY REQUESTED) | | FREIGHT CLASSIFICATION | | NOMENCLATURE | | ITEM NOMENCLATURE | | TYPE OF CONTAINER(S) | | TOTAL WEIGHT | | INSPECTED BY AND DATE | | | | | | | |
| 26 March 93 | | | | SHIRT (3) | | W45CMJ30565529 | | | | | | | | | | | | | |
| DIED BY AND DATE | | NO. OF CONTAINERS | | TOTAL CUBE | | WAREHOUSED BY AND DATE | | WAREHOUSE LOCATION | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| PROPERTY OF EXCESS PERSONAL PROPERTY UNDER SECTION 1208 | | | | | | | | | | DATE SHIPPED | | | | | | | | | |
| Equipment is excess to the needs of DoD and is hereby permanently transferred to your agency in support of your counterdrug mission under 1208 of the Nat'l Def Auth Act for FY 90/91, subject to the provisions: | | | | | | | | | | 14 BLANKING AND/OR RECEIVER'S SIGNATURE (AND DATE) | | | | | | | | | |
| a. It is provided "as is" with no guarantees or warranties (explicit or implied). Any repair, maintenance, insurance or other expenses shall be the sole responsibility of your agency. | | | | | | | | | | 15 RECEIVER'S DOCUMENT NUMBER | | | | | | | | | |
| b. When this equipment is no longer needed, disposal will be effected according to the laws governing your agency. | | | | | | | | | | L21 | | | | | | | | | |

MAR-26-1993 11:02 FROM RLSD III EL PASO, TX. TO DRMO HOOD P.01

| FROM | | STOCK NUMBER | | QUANTITY | | DOCUMENT NUMBER | | SERIAL | | ADDRESS | | PROJECT | | UNIT PRICE | | | | | |
|---|----|----------------------------|-----|---------------------------------|-------|------------------------|------|----------------------|--------|--|---------|-----------------------|-----|---------------|---------|----------|--|----------|--|
| RI | MI | SEC | NUM | ADD | ISSUE | REQUISITION | DATE | DATE | SERIAL | ADDRESS | PROJECT | ACT | PRI | ORIG | DOLLARS | | | | |
| 8 | 4 | 0 | 5 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 44.59 | | | | |
| FROM | | SHIP TO | | MARK FOR | | PROJECT | | TOTAL PRICE | | | | | | | | | | | |
| MO HOOD | | ATF MT. CARMEL WACO, TX | | 1208 TRANSFER MINOR PROPERTY | | C093 | | 23 | | | | | | | | | | | |
| CUBE LOCATION | | TYPE OF CUBE | | UNIT WEIGHT | | UNIT CUBE | | U S C | | NMFC | | FREIGHT RATE | | DOCUMENT DATE | | MAY COMB | | QUANTITY | |
| 1024880 | | | | | | | | | | | | | | H | | | | | |
| DATE (ITEM ORIGINALLY REQUESTED) | | FREIGHT CLASSIFICATION | | NOMENCLATURE | | ITEM NOMENCLATURE | | TYPE OF CONTAINER(S) | | TOTAL WEIGHT | | INSPECTED BY AND DATE | | | | | | | |
| 26 March 93 | | | | SHIRT | | W45CMJ30565530 | | | | | | | | | | | | | |
| DIED BY AND DATE | | NO. OF CONTAINERS | | TOTAL CUBE | | WAREHOUSED BY AND DATE | | WAREHOUSE LOCATION | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| PROPERTY OF EXCESS PERSONAL PROPERTY UNDER SECTION 1208 | | | | | | | | | | DATE SHIPPED | | | | | | | | | |
| Equipment is excess to the needs of DoD and is hereby permanently transferred to your agency in support of your counterdrug mission under 1208 of the Nat'l Def Auth Act for FY 90/91, subject to the provisions: | | | | | | | | | | 14 BLANKING AND/OR RECEIVER'S SIGNATURE (AND DATE) | | | | | | | | | |
| a. It is provided "as is" with no guarantees or warranties (explicit or implied). Any repair, maintenance, insurance or other expenses shall be the sole responsibility of your agency. | | | | | | | | | | 15 RECEIVER'S DOCUMENT NUMBER | | | | | | | | | |

VISUAL OBSERVATION FROM A FIXED POINT ON THE GROUND AS A PART OF OTHERWISE APPROVED MILITARY TRAINING MISSIONS.) APPROVED CATEGORIES INCLUDE TRAINING ACTIVITIES THAT INCLUDE THE USE OF:

- 1. UNATTENDED GROUND SENSORS.
- 2. VISUAL GROUND RECONNAISSANCE (BY MOBILE PATROLS AND LISTENING POSTS/OBSERVATION POSTS (LP/OP) USING BINOCULARS, CAMERAS, NIGHT VISION DEVICES, AND INFRARED, INCLUDING FLIR OR LOW-LIGHT DEVICES).

3. GROUND SURVEILLANCE RADAR (GSR).

B. THE DETECTION, MONITORING, AND COMMUNICATION OF THE MOVEMENT OF SURFACE TRAFFIC LOCATED IN AREAS OUTSIDE THE BOUNDARIES OF THE UNITED STATES AND THE DETECTION AND COMMUNICATION OF THE EXISTENCE OR THE INITIAL MOVEMENT INTO THE UNITED STATES OF SURFACE TRAFFIC THAT WAS FIRST DETECTED OUTSIDE OF US BOUNDARIES. (THE NATIONAL DEFENSE AUTHORIZATION ACT FOR FY 93 ALSO PROVIDES AUTHORIZATION TO DOD FOR THE DETECTION, MONITORING, AND COMMUNICATION OF THE MOVEMENT OF CERTAIN SURFACE TRAFFIC WITHIN 25 BT

UNCLAS E F T O SECTION 02 OF 05
MILES OF THE US BOUNDARY INSIDE THE UNITED STATES. AUTHORITY IS NOT DELEGATED UNDER THIS SUBPARAGRAPH TO APPROVE ANY MONITORING OF SURFACE TRAFFIC WITHIN THE UNITED STATES.)

C. AERIAL RECONNAISSANCE OF AERIAL, MARITIME, OR SURFACE AREAS (LAND AND INTERNAL WATERS AND WATERWAYS OF THE US AND ITS TERRITORIES) FROM PUBLIC AIRSPACE, RESTRICTED TO THE CATEGORIES SPECIFIED BELOW. EXCLUDED FROM THIS APPROVAL AUTHORITY IS TARGETING OF VEHICLES, VESSELS, OR PERSONS, INITIAL DETECTION AND REPORTING OF THE PRESENCE OR MOVEMENT OF VEHICLES, VESSELS, OR PERSONS WITHIN SURFACE AREAS IS PERMISSIBLE, HOWEVER, AUTHORITY IS NOT DELEGATED TO APPROVE TRACKING OF SUSPICIOUS VEHICLES, VESSELS, OR PERSONS TO PROVIDE THEIR CONTINUING COORDINATES TO DLEAS UNLESS THE ACTIVITY IS A PROPER CONTINUATION OF AN APPROVED AERIAL AND MARITIME DETECTION AND MONITORING MISSION UNDER 10 USC 124. REQUEST FOR AERIAL RECONNAISSANCE SUPPORT TO DLEAS, UNLESS AUTHORIZED UNDER REF E OR OTHER SPECIFIC AUTHORITY, MUST ORIGINATE FROM A FEDERAL DLEA (AW 10 USC 374(b) (REF G)). APPROVED CATEGORIES ARE:

- (1) RADARS, TO INCLUDE SYNTHETIC APERTURE RADAR.
- (2) UNMANNED AERIAL VEHICLES (UAVS).
- (3) AERIAL VISUAL, INCLUDING INFRARED AUGMENTED VISUAL.

AND PHOTOGRAPHIC RECONNAISSANCE (SEE PARA 5A). (AERIAL RECONNAISSANCE MAY RAISE FOURTH AMENDMENT CONCERNS IF PERFORMED AT ALTITUDES SO LOW AS TO BE RARELY, IF EVER, TRAVELED BY COMMERCIAL OR OTHER AIRCRAFT. COMMANDERS SHOULD ENSURE THAT AIRCRAFT PERFORMING RECONNAISSANCE MISSIONS IN SUPPORT OF LAW ENFORCEMENT OPERATE AT PRESCRIBED ALTITUDES SUFFICIENT TO NEGATE SUCH CONCERNS.)

D. CD-RELATED TRAINING OF DLEA PERSONNEL AND ASSOCIATED SUPPORT (DOES NOT INCLUDE PARTICIPATION IN OPERATIONS, UNLESS SUCH PARTICIPATION IS SPECIFICALLY AUTHORIZED ELSEWHERE IN THIS MESSAGE).

E. NONHERBICIDAL ERADICATION SUPPORT (FOR GOVERNMENT LANDS, PERMISSION OF THE GOVERNMENT AUTHORITY(IES) WHO EXERCISE CONTROL OF GOVERNMENT LAND IS REQUIRED. ON PRIVATE LAND, WRITTEN PERMISSION OF LANDOWNER IS REQUIRED).

F. LINGUIST SUPPORT (INCLUDES TRANSLATOR AND INTERPRETER SUPPORT CONSISTENT WITH REF H AND SUBJECT TO DOD COMPONENT GENERAL COUNSEL APPROVAL WHEN MILITARY INTELLIGENCE COMPONENTS AND/OR PERSONNEL, AS DEFINED IN REF H AND COMPONENT IMPLEMENTING DIRECTIVES, ARE USED TO SUPPORT DLEAS. DOES NOT INCLUDE AUTHORITY TO APPROVE CRYPTOLOGICAL SUPPORT, REAL-TIME TRANSLATION OF ORAL OR WIRE INTERCEPTS, DIRECT PARTICIPATION IN INTERROGATION ACTIVITIES, OR USE OF COUNTERINTELLIGENCE ASSETS FOR CD PURPOSES).

G. TRANSPORTATION SUPPORT. AUTHORITY IS DELEGATED TO APPROVE ALL DLEA/FOREIGN DLEA TRANSPORTATION REQUESTS UNDER THE AUTHORITY OF REF E. ADDITIONALLY, AUTHORITY IS DELEGATED TO APPROVE TRANSPORTATION UNDER REF G. HOWEVER, TRANSPORTATION APPROVED UNDER THE AUTHORITY OF REF G REQUIRES COORDINATION WITH THE ATTORNEY GENERAL AND, IF TRANSPORTATION IS PROVIDED TO OR FROM LOCATIONS OUTSIDE THE US (THE LAND AREA OF THE SEVERAL STATES AND ANY TERRITORY, COMMONWEALTH, OR POSSESSION OF THE US), THE SECRETARY OF STATE. DOJ OR DOS COORDINATION REQUESTS WILL BE SENT TO THE JOINT STAFF (J-3/CMOD) FOR INTERAGENCY COORDINATION THROUGH OSD (OCDEPS AND ISA) PRIOR TO EXECUTION. CINC'S ARE NOT, REPEAT NOT, AUTHORIZED TO APPROVE TRANSPORTATION SUPPORT IN DIRECT TACTICAL SUPPORT OF THE OPERATIONAL PORTIONS OF ONGOING DLEA/FOREIGN DLEAS OPERATIONS OR OF ANY ACTIVITIES WHERE HOSTILITIES ARE IMMINENT. (NOTE: TRANSPORTATION CAN BE AUTHORIZED UNDER REF E WITHOUT BEING FUNDED FROM FUNDS SPECIFICALLY PROVIDED FOR USE BY THE CINC UNDER REF E. IF

CINC HAS COORDINATED OTHER APPROPRIATE FUNDING SOURCES. SEE PARA 6.)

H. INTEL ANALYST SUPPORT (CONSISTENT WITH REFS H AND I AND SUBJECT TO DOD COMPONENT GENERAL COUNSEL APPROVAL WHEN MILITARY INTELLIGENCE COMPONENTS AND/OR PERSONNEL, AS DEFINED IN REF H AND COMPONENT IMPLEMENTING DIRECTIVES, ARE USED TO SUPPORT DLEAS).

I. TUNNEL DETECTION SUPPORT.

J. DIVER SUPPORT FOR SUBSURFACE HULL INSPECTIONS (DIVERS MAY VISUALLY INSPECT AND REPORT TO DLEAS ANY UNUSUAL PHYSICAL HULL CONFIGURATIONS. DIVERS MAY NOT ATTEMPT ENTRY, SEARCH, OR ALTERATION OF FEATURES DETECTED).

K. MILITARY ENGINEERING SUPPORT OR TRAINING (NOT TO INCLUDE MILCON OR PROVISION OF MATERIALS).

L. USE OF MILITARY VESSELS FOR ESTABLISHING BASES OF OPERATION FOR DLEAS (THE OPERATION OF A BASE OF OPERATIONS FOR DLEAS, EXCEPT WHEN APPROVED UNDER REF E, REQUIRES COORDINATION WITH THE ATTORNEY GENERAL. SUCH COORDINATION WILL BE PURSUED AS IN SUBPARA 2F.)

M. MAINTENANCE SUPPORT (AW REFS E AND G (NOT TO INCLUDE THE COST OF PARTS OR EQUIPMENT TO BE FUNDED UNDER REF E OR OTHER SOURCES)).

3. IN MOST NATIONS WITHIN THE CINC'S AOR, OR AREA IN WHICH THE CINC HAS BEEN ASSIGNED CD RESPONSIBILITY, AUTHORITY IS DELEGATED (WITH AUTHORITY TO REDELEGATE (AW SUBPARA 5E BELOW) TO APPROVE OPERATIONAL SUPPORT TO DLEAS OR FOREIGN DLEAS AND CD-RELATED DEPLOYMENTS OF DOD PERSONNEL (SUBJECT TO OTHER PROVISIONS IN THIS MESSAGE) AS FOLLOWS (DOD PERSONNEL ARE NOT AUTHORIZED TO ACCOMPANY US DLEAS OR HOST-NATION FORCES/FOREIGN DLEAS ON ACTUAL FIELD OPERATIONS OR TO PARTICIPATE IN ANY ACTIVITIES WHERE HOSTILITIES ARE IMMINENT. CINC'S AND THEIR DELEGATEES ARE NOT AUTHORIZED TO APPROVE CD ACTIVITIES THAT WOULD RESULT IN DOD PERSONNEL REMAINING OVERNIGHT IN THE UPPER HUALLAGA VALLEY OF PERU):

A. PLANNING AND COORDINATION VISITS TO AMEMBASSIES (CONTINGENT ON AMEMBASSY APPROVAL). VISITS MAY BE CONDUCTED WITH THEATER ASSIGNED FORCES (TAF) OR IN THE CASE OF VISITS TO ASSIST US COUNTRY TEAM MEMBERS TO PLAN INTERTHEATER OR MULTINATIONAL OPERATIONS, MAY BE CONDUCTED BY FORCES ASSIGNED OR ALLOCATED TO A SUPPORTED CINC FOR CD PURPOSES.

B. INTEL ANALYST SUPPORT TO US AMBASSADORS USING THEATER-ASSIGNED FORCES (CONSISTENT WITH REFS H AND I, AND SUBJECT TO DOD COMPONENT GENERAL COUNSEL APPROVAL WHEN MILITARY INTELLIGENCE COMPONENT AND/OR PERSONNEL, AS DEFINED IN REF H AND COMPONENTS IMPLEMENTING DIRECTIVES, ARE USED IN SUPPORT OF DLEAS):

- (1) AT THEIR RESPECTIVE EMBASSIES.
- (2) AT REGIONAL ANALYSIS CENTER(S), THE ESTABLISHMENT OF WHICH HAS BEEN SPECIFICALLY APPROVED BY SECDEF/DEPS/CD/DEF.

C. SHORT DURATION (60 DAYS OR LESS) PLANNING AND COORDINATION VISITS OF NO MORE THAN 10 PERSONS, USING THEATER-ASSIGNED FORCES, TO PRIMARY HOST-NATION AND US CST HEADQUARTERS (FIXED AND ESTABLISHED LOCATIONS, NOT TEMPORARY FORWARD OPERATING BASES) FOR THE EXPRESS PURPOSE OF ACCOMPLISHING THE CINC'S BT

UNCLAS E F T O SECTION 03 OF 05
ON MISSION (10 USC 124) OR TO SUPPORT THE US AMBASSADORS CD EFFORT WITH EXPERT ADVICE OR ASSISTANCE TO THE US COUNTRY TEAM. THIS AUTHORITY WILL NOT BE USED TO CIRCUMVENT THE PROCEDURES OF THE FOREIGN ASSISTANCE AND ARMS EXPORT CONTROL ACTS OR THE PROCEDURES OF REF B.

D. LINGUIST SUPPORT (INCLUDES TRANSLATOR AND INTERPRETER SUPPORT CONSISTENT WITH REF H, AND SUBJECT TO DOD COMPONENT GENERAL COUNSEL APPROVAL WHEN MILITARY INTELLIGENCE COMPONENTS AND/OR PERSONNEL, AS DEFINED IN REF H AND COMPONENT IMPLEMENTING DIRECTIVES, ARE USED TO SUPPORT DLEAS. DOES NOT INCLUDE AUTHORITY TO APPROVE CRYPTOLOGICAL SUPPORT, REAL-TIME TRANSLATION OF ORAL OR WIRE INTERCEPTS, OR DIRECT PARTICIPATION IN INTERROGATION ACTIVITIES). LINGUIST DEPLOYMENTS TO LOCATIONS OUTSIDE OF AMEMBASSIES SHALL BE LIMITED TO SHORT-DURATION VISITS (NOT TO EXCEED 30 DAYS) OF NO MORE THAN 10 PERSONS, USING THEATER-ASSIGNED FORCES TO PRIMARY HOST-NATION AND US CST HEADQUARTERS (FIXED AND ESTABLISHED LOCATIONS, NOT TEMPORARY FORWARD OPERATING BASES) FOR THE EXPRESS PURPOSE OF ACCOMPLISHING THE CINC'S MISSION OF SUPPORTING THE US AMBASSADORS CD EFFORT. THIS AUTHORITY WILL NOT BE USED TO CIRCUMVENT THE PROCEDURES OF THE FOREIGN ASSISTANCE AND ARMS EXPORT CONTROL ACTS OR THE PROCEDURES OF REF B.

E. TRAINING OR SUPPORT, AS LISTED BELOW, USING FORCES ASSIGNED OR ALLOCATED TO A SUPPORTED CINC FOR CD PURPOSES, WHICH IS INTENDED TO PROVIDE PRIMARY BENEFIT TO DOD FORCES. (HOWEVER, IF A

JOINT STAFF
INFO SERVICE CENTER

CINC DETERMINES IN THE COURSE OF PLANNING THAT THE HOST NATION WILL RECEIVE A SUBSTANTIAL (GREATER THAN INCIDENTAL) BENEFIT FROM THE ACTIVITY, PROPOSED DEPLOYMENT MUST BE REFERRED, THROUGH THE JOINT STAFF, J-3/CNOD, TO SECDEF FOR A DEPLOYMENT ORDER. TRAINING OR SUPPORT PROVIDED UNDER THIS PARAGRAPH MUST HAVE HOST-NATION AND COUNTRY TEAM APPROVAL PRIOR TO EXECUTION AND WILL NOT BE USED TO CIRCUMVENT THE PROCEDURES OF THE FOREIGN ASSISTANCE AND ARMS EXPORT CONTROL ACTS OR THE PROCEDURES OF REF J.)

(1) DEPLOYMENTS FOR TRAINING (OFT) TEAMS AND ASSOCIATED SITE SURVEYS OF NO MORE THAN 50 PERSONS FOR NO MORE THAN 45 DAYS. PROVIDE NOTIFICATION IAW SUBPARAS 5K AND 5N AT LEAST 2 WEEKS PRIOR TO DEPLOYMENT.

(2) DEPLOYMENT OF TECHNICAL AND ADMINISTRATIVE SUPPORT TEAMS OF NO MORE THAN 25 PERSONS FOR NO MORE THAN 179 DAYS, FOR THE PURPOSE OF SERVICING DOD EQUIPMENT (EQUIPMENT REPAIR, MAINTENANCE, INSTALLATION, AND START-UP). PROVIDE NOTIFICATION IAW SUBPARAS 5K AND 5N, AT LEAST 3 WORKING DAYS PRIOR TO DEPLOYMENT.

F. SUPPORT PROVIDED UNDER EXISTING BILATERAL AGREEMENTS OR SECDEF APPROVAL (CARIBBEAN BASIN RADAR NETWORK SUPPORT TEAMS, INCLUDING SITE SURVEYS, NEGOTIATING TEAMS, EQUIPMENT REPAIR, MAINTENANCE, OPERATION AND INSTALLATION, AND OPERATION BAHAMAS, TURKS AND CAICOS (OPBAT)).

G. TRANSPORTATION, CONSISTENT WITH THE PROVISIONS OF SUBPARA 2G. DELEGATED AUTHORITY DOES NOT, REPEAT NOT, AUTHORIZE CINC TO APPROVE TRANSPORTATION SUPPORT OF PERSONNEL IN DIRECT TACTICAL SUPPORT OF THE OPERATIONAL PORTIONS OF ONGOING DLEA/FOREIGN DLEAS OPERATIONS. IF TRANSPORTATION PROVIDES SUPPORT TO FOREIGN DLEAS IAW REF E, ADDITIONAL NOTIFICATION TO OSD (OCDEPS/DEP-LPC), IAW SUBPARA 5K, WILL BE SENT, WHEN POSSIBLE, NOT LESS THAN 5 WORKING DAYS PRIOR TO EXECUTION OF THE SUPPORT IN ORDER TO FACILITATE REQUIRED CONGRESSIONAL NOTIFICATIONS.

4. CINC MAY APPROVE PREPLANNED AND SHORT-NOTICE COUNTRY TEAM OR DLEA REQUESTS THAT ARE A PART OF SECDEF PREAPPROVED OPERATIONS (WHETHER INVOLVING ONE OR SEVERAL COUNTRIES) SUBJECT TO THE FOLLOWING:

A. THE CINC MUST GAIN APPROVAL OF THE OVERALL CONCEPT OF OPS BY BRIEFING SECDEF/DEPSECDEF PRIOR TO THE COMMENCEMENT OF OPERATIONS.

B. AT LEAST 30 DAYS PRIOR TO THE BRIEF REQUIRED PER SUBPARA 4A ABOVE, A CINC'S CONCEPT/CAMPAIGN PLAN, IN SUFFICIENT DETAIL FOR MEANINGFUL OPERATIONAL AND LEGAL REVIEW, WILL BE SUBMITTED TO THE JOINT STAFF (J-3/CNOD) FOR JOINT STAFF/OSD/SERVICE REVIEW.

C. PROPOSED ACTIVITIES MUST BE CONSISTENT WITH LEGAL AND FOREIGN POLICY CONSTRAINTS.

D. CINC MUST HAVE HOST-NATION AND COUNTRY TEAM APPROVAL.

E. CINC MUST PROVIDE NOTIFICATION, IAW SUBPARAS 5K AND 5N, WITHIN THE REQUIRED TIMEFRAMES (WHENEVER FEASIBLE) PRIOR TO EXECUTING EACH SPECIFIC SUPPORT ACTIVITY THAT IS A PART OF PREAPPROVED OPERATIONS (WHETHER INVOLVING ONE OR SEVERAL COUNTRIES).

F. PLANNED RECONNAISSANCE SUPPORT WILL BE SUBMITTED IAW REF D, IF APPLICABLE.

5. COORDINATING INSTRUCTIONS

A. ALL INTELLIGENCE ACTIVITIES OF DOD INTELLIGENCE COMPONENTS AND/OR PERSONNEL MUST BE CONDUCTED IAW REF H. PERSONS EXECUTING DELEGATED AUTHORITY UNDER THE TERMS OF THIS MESSAGE WILL OBTAIN APPLICABLE DOD COMPONENT GENERAL COUNSEL APPROVAL FOR USE OF INTELLIGENCE PERSONNEL IN SUPPORT OF DLEAS. SUCH REQUESTS FOR DOD COMPONENT GENERAL COUNSEL APPROVAL WILL BE COORDINATED DIRECTLY WITH THE APPLICABLE COMPONENT POINT OF CONTACT (POC) LISTED IN SUBPARA 5K. PER REF J, DIA HAS RESPONSIBILITY FOR VALIDATING, REGISTERING, ASSIGNING, RECOMMENDING PRIORITIES FOR, AND MONITORING DOD COLLECTION ACTIVITIES. DIA ALSO RETAINS RESPONSIBILITY FOR MAINTAINING AND OPERATING FACILITIES FOR DOD IMAGERY INDEXING, PROCESSING, DUPLICATION, EVALUATION, EXPLOITATION, AND CENTRAL REPOSITORY SERVICES IN SUPPORT OF DOD AND OTHER AUTHORIZED RECIPIENTS. DIA POC IS DIA COUNTERDRUG DIVISION, DSN 223-2787 (STU III).

B. IN CONSIDERING ALL REQUESTS, CINC'S WILL BE MINDFUL THAT IF THE OPERATIONAL SUPPORT REQUESTED INVOLVES THE OBLIGATION OR EXPENDITURE OF INTELLIGENCE FUNDS NOT SPECIFICALLY APPROPRIATED FOR SUCH ACTIVITIES, REF I REQUIRES THAT SECDEF ADVISE APPROPRIATE COMMITTEES OF THE CONGRESS. REF I ALSO REQUIRES THAT SECDEF KEEP THE SELECT COMMITTEES ON INTELLIGENCE FULLY AND CURRENTLY INFORMED CONCERNING ALL ONGOING INTELLIGENCE ACTIVITIES. CINC'S WILL OBTAIN SECDEF CONSENT FOR NEW INTELLIGENCE PROJECTS NOT SPECIFICALLY APPROVED FOR FUNDING AND WILL KEEP HIM APPRISED OF ONGOING INTELLIGENCE ACTIVITIES THROUGH EXISTING INTELLIGENCE CHANNELS.

C. ANY REQUESTS INVOLVING DOD PERSONNEL OPERATING ON PRIVATE LAND WITHOUT THE WRITTEN PERMISSION OF THE LANDOWNER MUST BE FORWARDED TO THE JOINT STAFF FOR REVIEW AND SECDEF APPROVAL.

D. CINC'S WILL ENSURE THAT DOD PERSONNEL DO NOT DIRECTLY PARTICIPATE IN SEARCH, SEIZURE, ARREST, OR OTHER SIMILAR ACTIVITIES (STOP AND FRISK, CONTAINMENT, INTERDICTION OF VEHICLES, VESSELS, OR AIRCRAFT, SURVEILLANCE OR PURSUIT OF PERSONS UNLESS SPECIFICALLY BY

UNCLAS E F T O SECTION 04 OF 05
AUTHORIZED AS A PART OF AN APPROVED DETECTION AND MONITORING OPERATION, OR INTERROGATION) WHEN PROVIDING SUPPORT, AND WILL MAKE EVERY ATTEMPT TO MINIMIZE THE POSSIBILITY OF CONFRONTATION (ARMED OR OTHERWISE) WITH CIVILIANS.

E. CINC'S MAY FURTHER DELEGATE APPROVAL AUTHORITY (SUBJECT TO THE LIMITATIONS OF PARAS 2 THRU 4) TO FLAG AND GENERAL OFFICERS WITHIN THEIR CHAINS OF COMMAND. DELEGATION OF APPROVAL AUTHORITY TO LEVELS BELOW FLAG RANK IS NOT AUTHORIZED. CINC'S WILL PROVIDE INSTRUCTIONS (WITHIN THE LIMITATIONS OF THIS MESSAGE) FOR DELEGATION OF APPROVAL AUTHORITY TO THEIR DELEGATEES. SUCH INSTRUCTIONS WILL REQUIRE LEGAL REVIEW OF ALL PROPOSED APPROVALS OF OPERATIONAL SUPPORT PRIOR TO ISSUANCE.

F. DELEGATION OR REDELEGATION OF APPROVAL AUTHORITY NEITHER CONSTITUTES NOR IMPLIES TASKING AUTHORITY OVER FORCES NOT UNDER THE OPERATIONAL CONTROL OF THE CINC. CINC'S ARE AUTHORIZED DIRECT LIAISON WITH SERVICES AND OTHER CINC'S TO COORDINATE USE OF NON-CINC FORCES.

G. CINC'S ARE AUTHORIZED TO DESIGNATE AREAS AS DRUG INTERDICTION AREAS CONSISTENT WITH THE DEFINITION CONTAINED IN REF F. SUCH DESIGNATIONS WILL BE PREPARED IN WRITING, WITH SUPPORTING RATIONALE, AND PROVIDED ALONG WITH INFORMATION REQUIRED IN SUBPARA 5N TO THE ADDRESSEES IN SUBPARA 5K. DECLARATION OF A DRUG INTERDICTION AREA IN AREAS OUTSIDE OF THE UNITED STATES DOES NOT PROVIDE ADDITIONAL DELEGATED AUTHORITY NOT OTHERWISE CONTAINED IN THIS MESSAGE.

H. WHEN PROVIDING SUPPORT WITHIN THE AOR OF ANOTHER CINC, THAT CINC MUST BE NOTIFIED. MINOR MISSIONS OF LIMITED DURATION MAY BE COORDINATED BY TELEPHONE, WITH FOLLOW-UP MESSAGE.

I. TRANSFER OF OPCON OF FORCES FROM ONE CINC TO ANOTHER REQUIRES SECDEF APPROVAL AND A JOINT STAFF DEPLOYMENT ORDER.

J. MINOR CHANGES IN OPERATIONAL SUPPORT DEPLOYMENTS WILL BE DEALT WITH AS FOLLOWS:

(1) FOR SECDEF/DEPSECDEF APPROVED OPERATIONAL SUPPORT, MINOR CHANGES IN DATES FOR DEPLOYMENT (UP TO 30 DAYS AFTER, BUT NOT EARLIER THAN APPROVED DATE), MINOR CHANGES IN REDEPLOYMENT (PLUS OR MINUS 30 DAYS FROM THE APPROVED DATE), OR MINOR CHANGES IN NUMBERS OF DEPLOYING OR DEPLOYED PERSONNEL (PLUS OR MINUS 5 PERSONS OR 10 PERCENT OF THE APPROVED DEPLOYMENT NUMBER, WHICHEVER IS GREATER) DO NOT REQUIRE SECDEF AMENDMENTS TO DEPLOYMENT ORDERS. HOWEVER, WHEN DATES OF DEPLOYMENT OR REDEPLOYMENT SLIP MORE THAN SEVEN DAYS, PROVIDE NOTIFICATION IAW PARA 5K. MINOR CHANGES IN PERSONNEL (AS DEFINED ABOVE) OR DEPLOYMENT AND REDEPLOYMENT CHANGES OF LESS THAN EIGHT DAYS DO NOT REQUIRE NOTIFICATION.

(2) FOR OPERATIONAL SUPPORT APPROVED UNDER THIS DELEGATION OF AUTHORITY, CHANGES IN DEPLOYMENT OR REDEPLOYMENT DATES OF MORE THAN SEVEN DAYS OR IN NUMBERS OF DEPLOYING OR DEPLOYED PERSONNEL EXCEEDING 5 PERSONS OR 10 PERCENT OF THE TOTAL DEPLOYMENT (WHICHEVER IS GREATER) FROM THAT ORIGINALLY REPORTED IN THE NOTIFICATION REQUIRED UNDER PARA 5K, REQUIRE A NEW NOTIFICATION IAW PARA 5K. IF THE CHANGE WOULD EXCEED AUTHORITIES DELEGATED TO THE CINC, A SEPARATE SECDEF APPROVAL WILL BE SOUGHT.

K. WHENEVER A REQUEST FOR OPERATIONAL SUPPORT IS RECEIVED BY A CINC, THAT CINC WILL EITHER TAKE THE REQUEST FOR ACTION OR IMMEDIATELY FORWARD IT THROUGH THE APPROPRIATE CHAIN OF COMMAND. WHEN REQUESTS ARE APPROVED UNDER DELEGATED AUTHORITY, CINC'S WILL INFORM THE JOINT STAFF (J3/CNOD/SO), OSD(OCDEPS), OSD(ISA), DUSD(SP), STATE DEPARTMENT (PW-ISO/INM/APPLICABLE REGION (I.E., ARA, EAP, ETC)), THE APPLICABLE DLEA HEADQUARTERS, AND APPROPRIATE MILITARY DEPARTMENT POINTS OF CONTACT (ARMY - HQDA WASH DC //DAMO-ODD/SAGC/SAILE// AIR FORCE - HQ USAF WASH DC //XOCCD/SAF-60M// NAVY - UNSECNAV WASH DC //OCG-09A// CHO WASH DC //NSIS// AND MARINE CORPS - CMC WASHINGTON DC //SO-LIC/JA/CL//) AT LEAST 3 WORKING DAYS BEFORE EXECUTION (WHENEVER FEASIBLE) WITH INFORMATION SPECIFIED IN SUBPARA 5N BELOW, AND INDICATE THE SPECIFIC PROVISION OF THIS MESSAGE UNDER WHICH SUPPORT WAS APPROVED. (BECAUSE ACTIVITIES NEAR THE US-MEXICAN BORDER REMAIN POLITICALLY SENSITIVE, EXPEDITIOUS NOTIFICATION IS PARTICULARLY NECESSARY IN

UNCLAS E F T O

700-2208/101197

710-9208/12087

CNSN=NA7390

UNCLASSIFIED E F T O

JOINT STAFF
INFO SERVICE CENTER

THOSE INSTANCES.) A NOTIFICATION OF INTENT REQUEST TO SUPPORT FOREIGN OLEAS UNDER REF E, AN ADDITIONAL NOTIFICATION, CLEARLY LABELED SUPPORT TO FOREIGN OLEA, CONTAINING THE SAME INFORMATION REQUIRED BY SUBPARA 5H WILL BE SENT TO OSD(OCEPS/DEP-LPC), INFO TO JOINT STAFF (J-3/CNOO) NOT LESS THAN FIVE WORKING DAYS IN ADVANCE OF EXECUTION (WHenever POSSIBLE) TO FACILITATE CONGRESSIONAL NOTIFICATION PRIOR TO PROVISION OF SUPPORT. EXCEPTIONS TO THIS REQUIREMENT ARE NOT AUTHORIZED. SUCH OPERATIONAL SUPPORT WILL ALSO BE REPORTED IN THE MONTHLY CD SITREP. IF A CINC'S DISAPPROVAL OF AN OPERATIONAL SUPPORT REQUEST IS BASED SOLELY ON A LACK OF AVAILABLE ASSETS, A NOTIFICATION OF THAT DISAPPROVAL (INCLUDING ALL OF THE NECESSARY PARTICULARS) WILL BE PROVIDED TO THE ABOVE ADDRESSEES FOR EVALUATION OF POSSIBLE ALTERNATIVES.

L. WHEN CINC'S TAKE REQUESTS FOR ACTION, THEY WILL ALSO ISSUE RELATED PUBLIC AFFAIRS GUIDANCE. THIS GUIDANCE WILL BE INCLUDED IN THE APPROVAL NOTIFICATION MENTIONED IN SUBPARA 5K.

M. WHEN OSD OR A SERVICE RECEIVES A REQUEST FOR OOD OPERATIONAL SUPPORT DIRECTLY FROM A OLEA, THEY WILL FORWARD THE REQUEST TO THE JOINT STAFF FOR ACTION.

N. WHEN FORWARDING REQUESTS TO THE JOINT STAFF FOR OPERATIONAL SUPPORT REQUIRING APPROVAL/DISAPPROVAL ABOVE THE CINC LEVEL, THE FOLLOWING INFORMATION SHALL BE INCLUDED (SUCH REQUESTS SHOULD ROUTINELY ALLOW A MINIMUM OF THREE WEEKS BETWEEN TRANSMISSION OF THE CINC REQUEST AND THE REQUIRED DEPLOYMENT DATE): ORIGIN OF THE REQUEST AND MISSION OF THE SUPPORTING UNIT DETAILED, CONCEPT OF OPERATIONS CITATION OF THE STATUTORY AUTHORITIES FOR PROVIDING THE SUPPORT AND AN ANALYSIS OF THE PERTINENT LEGAL ISSUES, PROPOSED DATE OF OPERATION, STAGING AND OPERATIONS LOCATION (SPECIFICALLY INCLUDING THE PROXIMITY TO THE SOUTHWEST BORDER, IF APPLICABLE) TYPE AND SIZE OF SUPPORTING UNIT, REQUIRED NUMBER OF PERSONNEL, MOS OF PERSONNEL, TYPE AND AMOUNT OF EQUIPMENT, WHETHER OR NOT PERSONNEL WILL BE ARMED AND APPLICABLE ROE, TRAINING BENEFIT TO OOD IF APPLICABLE, RECOMMENDATION ON REIMBURSEMENT, SOURCE OF OOD FUNDING (TO INCLUDE SPECIFIC PROJECT CODE), IF APPLICABLE, PROPOSED PUBLIC AFFAIRS GUIDANCE, AND STATUS OF APPROVAL BY HOST GOVERNMENT (NAME OR SPECIFIC POSITION OF OFFICIAL GRANTING APPROVAL) AND US AMBASSADOR, IF APPLICABLE.

O. ALL DEPLOYMENTS MADE UNDER THE AUTHORITY OF PARAS 2 THRU 4 WILL BE SUMMARIZED IN THE CINC MONTHLY SITREP TO THE JOINT STAFF (J-3/CNOO) NOT LATER THAN THE 28TH OF THE SUBSEQUENT MONTH. THE

BT
UNCLAS E F T O FINAL SECTION OF OS
FOLLOWING INFORMATION WILL BE INCLUDED: DEPLOYMENT LOCATION, SOURCE OF REQUEST FOR DEPLOYMENT, MISSION, SERVICE AND NUMBER OF PERSONNEL PARTICIPATING, DEPLOYMENT AND REDEPLOYMENT DATES, DEPLOYMENT AUTHORITY (CITING SPECIFIC PARAGRAPH OF THIS MESSAGE), AND FUNDING SOURCE (INCLUDING SPECIFIC PROJECT CODE, FOR OOD-FUNDED DEPLOYMENTS).

6. FUNDING AND REIMBURSEMENT

A. IT IS IMPERATIVE THAT ALL OOD CD FUNDS BE OBLIGATED ONLY FOR THE SPECIFIC ACTIVITY(IES) FOR WHICH APPROPRIATED AND TRANSFERRED. IN ALL CASES, THEREFORE, PRIOR COORDINATION WITH THE MILITARY DEPARTMENT THAT HAS THE FIDUCIARY FUNDING RESPONSIBILITY FOR THE PROPOSED ACTIVITY(IES) IS MANDATORY. QUESTIONS INVOLVING FUNDING PROPRIETY OR AVAILABILITY SHOULD IN ALL CASES BE REFERRED IN COMPTROLLER CHANNELS, THROUGH THE MILITARY DEPARTMENT TO THE OFFICE OF THE COORDINATOR FOR DRUG ENFORCEMENT POLICY AND SUPPORT (OCEPS - ATTN: CIR, PB, OSM 223-1919).

B. OOD COST OF SUPPORT TO OLEAS, PROVIDED UNDER THE AUTHORITY OF REF G, INCLUDING TRANSPORTATION, MUST BE REIMBURSED BY THE LEA UNLESS APPROVAL AUTHORITIES (SECDEF, CINC, OR HIS DELEGATEE) DETERMINE THAT THE SUPPORT IS PROVIDED IN THE NORMAL COURSE OF MILITARY TRAINING OR OPERATIONS, OR THAT THE ACTIVITY RESULTS IN A SUBSTANTIALLY EQUIVALENT OPERATIONAL OR TRAINING BENEFIT (IAW 10 USC 377) IN WHICH CASE, OLEA REIMBURSEMENT IS NOT REQUIRED.

C. OLEA REIMBURSEMENT ALSO IS NOT REQUIRED FOR SUPPORT PROVIDED TO A OLEA UNDER REF E, AS LONG AS THE SUPPORT IS CONSISTENT WITH A SPECIFIC PROJECT THAT HAS BEEN APPROVED FOR FUNDING, IS AVAILABLE TO THE CINC IAW SUBPARA 6A, ABOVE, OR AS LONG AS FUNDS HAVE BEEN SPECIFICALLY TRANSFERRED AND MADE AVAILABLE FOR THAT TYPE OF SUPPORT.

D. IF REIMBURSEMENT IS REQUIRED FOR THE SUPPORT TO THE OLEA AND THE REQUESTING AGENCY IS EITHER UNWILLING OR UNABLE TO REIMBURSE OOD, CINC'S WILL FORWARD THE REQUEST THROUGH THE JOINT STAFF FOR OSD REVIEW AND DECISION.

7. CORRECTIONS, MODIFICATIONS, AND ADDITIONS TO THIS DELEGATION OF AUTHORITY WILL BE NECESSARY FROM TIME TO TIME TO ENSURE IT

ACCURATELY REFLECTS THE AUTHORITY DELEGATED AND OPERATIONAL NEEDS. RECOMMENDATIONS FOR CHANGES SHOULD BE DIRECTED TO THE JOINT STAFF (J-3/CNOO).

B. FOR CD OPERATIONAL SUPPORT TO US FEDERAL, STATE, AND LOCAL (INCLUDING TERRITORIAL AND TRIBAL) OLEAS, WHERE THIS GUIDANCE IS INCONSISTENT WITH REF K, THIS MESSAGE CONSTITUTES INTERIM OSD GUIDANCE MODIFYING/REVISING REF K.// BT

UNCLAS E F T O FINAL SECTION OF OS 740-92085/22057 CDSN=467350

Z 0035440

REVIEWED BY:

(4)



| | | | | | | | |
|--|------------------------|---|----------------|--|------------------------------|---|------------|
| 1. HAVEL VOUCHER OR SUBVOUCHER | | (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil) | | 10. FOR DO USE ONLY | | | |
| READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM | | | | OO VOUCHER NO. | | | |
| LAST NAME, FIRST NAME, MIDDLE INITIAL (Print/Type) | | GRADE/RANK | | SUBVOUCHER NO. | | | |
| [REDACTED] | | [REDACTED] | | AGTX-OTM-D | | | |
| DUTY PHONE NO. | | 465-5113 | | 26 MAR 1993 RECEIVED | | | |
| ORGANIZATION AND STATION HHC, 49th DISCOM, PO Box 5218 (Camp Mabry) | | | | AGTX-OTM-D | | | |
| Austin, Tx 78763-5218 | | | | 29 MAR 1993 SUBMITTED | | | |
| TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders) | | | | Delay. Voucher sent directly to USPEO COMPUTATIONS | | | |
| AGTX Orders 042-222, dtd 3 Mar 93 | | | | | | | |
| PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state) | | | | | | | |
| NONE | | | | | | | |
| 1. ITINERARY (See Item 23 for Symbols) | | | | | | | |
| DATE | LOCAL TIME | PLACE | MODE OF TRAVEL | REASON FOR TRAVEL | COST OF LODGING | NUMBER OF MEALS | POC MILES |
| 18 93 | (24 Hour Clock) | Home, Office, Base, Activity, City and State, City and Country, etc.) | | | | GOV'T DED* | OPEN MEALS |
| 2/28 | DEP 1600 | Camp Mabry, Austin | GA | | 0 | 0 | 0 |
| 2/28 | ARR 2400 | Waco, Texas | | TD | 0 | 0 | |
| 3/2 | DEP 1000 | | GA | | 0 | 0 | |
| 3/2 | ARR 1300 | Camp Mabry, Austin | | MC | 0 | 0 | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| 6. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24) | | | | | | SUMMARY OF PAYMENT | |
| DATE | NATURE AND EXPLANATION | | | AMT. CLAIMED | ALLOWED | | |
| | | | | | | Per Diem | |
| | | | | | | Actual Expense | |
| | | | | | | Mileage or Transp Allowances | |
| | | | | | | Reimbursable Expenses | |
| 6. Long distance telephone calls are certified as necessary in the interest of the Government. | | | | | | APPROVING OFFICER (31 USC 680a) | |
| 7. TRS/MTR/MTS (If none, so state) | | | | | | Total Entitlement | |
| NUMBER | FROM | | TO | | Less Previous Payments | | |
| | NONE | | | | Less Voucher Deductions | | |
| | | | | | Amt. Charged to Accty. Class | | |
| 11. PAYMENT DESIRED | | | | | | <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH | |
| 8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____ | | | | | | 12. <input checked="" type="checkbox"/> PER DIEM REQUESTED | |
| 9. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER | | | | | | 13. BAS RATE | |
| 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.) | | | | | | | |
| I hereby claim any amount due me. The statements on face, reverse, and schedule are true and complete. Payment or credit has not been received. | | | | | | DATE | |
| [REDACTED] | | | | | | 2 MAR 93 | |
| 14. COLLECTION DATA | | | | | | | |

REVIEWED BY: [REDACTED]

| | | | | | | | | |
|---|----------------------------|--|----------------|--|-----------------|-----------|-----------|-----------|
| TRAVEL VOUCHER OR SUBVOUCHER | | <small>(Complete by typewriter, m/c, or ball point pen (PRESS HARD) do not use pencil)</small> | | 19. FOR DO USE ONLY | | | | |
| READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM | | | | DO VOUCHER NO. | | | | |
| LAST NAME-FIRST NAME-MIDDLE INITIAL (Print/Type) | | GRADE/RANK/ISSN | | SUBVOUCHER NO. | | | | |
| CHECK MAILING ADDRESS (Include ZIP Code) | | DUTY PHONE NO. | | AGTX-OTM-D 26 MAR 1993 RECEIVED AGTX-OTM-D 29 MAR 1993 SUBMITTED <i>Delay. Voucher was sent directly to USPFO COMPUTATIONS Returned to CO for Review</i> | | | | |
| ORGANIZATION AND STATION | | 512/465-5113 | | | | | | |
| CO D, 249TH MSB, PO BOX 5218, (CAMP MABRY), AUSTIN TX | | | | | | | | |
| TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders) | | | | | | | | |
| AGTX ORDERS. 042-213, DTD 3 MARCH 1993 | | | | | | | | |
| PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state) | | | | | | | | |
| NONE | | | | | | | | |
| 1. ITINERARY (See Item 23 for Symbols) | | | | 3. NUMBER OF MEALS | | | | |
| DATE | LOCAL TIME (24 Hour Clock) | PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | MODE OF TRAVEL | REASON FOR TRIP | COST OF LODGING | GOVT DED* | OPEN MESS | POC MILES |
| 2/28 | DEP 1600 | Camp Mabry, Austin | GA | | | | | |
| 2/28 | ARR 2400 | Waco, Texas | | TD | 0 | 0 | 0 | |
| 3/2 | DEP 1000 | | GA | | | | | |
| 3/2 | ARR 1300 | Camp Mabry, Austin | | MC | 0 | 0 | 0 | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |
| 5. REIMBURSABLE EXPENSES/CHARGES FOR DEDUCTIBLE MEALS* (See Item 24) | | | | | | | | |
| DATE | NATURE AND EXPLANATION | | AMT. CLAIMED | ALLOWED | | | | |
| | | | | | | | | |
| | | | | SUMMARY OF PAYMENT | | | | |
| | | | | Per Diem | | | | |
| | | | | Actual Expense | | | | |
| | | | | Mileage or Transp Allowances | | | | |
| | | | | Reimbursable Expenses | | | | |
| | | | | Total Entitlement | | | | |
| | | | | Less Previous Payments | | | | |
| | | | | Less Voucher Deductions | | | | |
| | | | | Amt. Charged to Acctg. Class | | | | |
| | | | | 11. PAYMENT DESIRED | | | | |
| | | | | <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH | | | | |
| 8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____ | | | | 12. PER DIEM REQUESTED | | | | |
| 9. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER | | | | 13. BAS RATE | | | | |
| 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.) | | | | | | | | |
| I hereby claim any amount due me. The statements on face, reverse, and back are true and complete. Payment or credit has not been received. | | | | 14. SIGNATURE OF CLAIMANT | | | | |
| | | | | [REDACTED] | | | | |
| | | | | DATE | | | | |
| | | | | 2 MAR 93 | | | | |
| 15. PAYMENT CLASSIFICATION | | | | | | | | |
| [REDACTED] | | | | | | | | |
| 16. COLLECTION DATA | | | | | | | | |

REVIEWED BY *[Signature]*
DATE *18 MAR 93*

MILITARY DSN 738-0681 (POC CAROL PRICE)

| | | | | | |
|--|------------------------|---|----------------|----------------------------|-----------|
| TRAVEL VOUCHER OR SUBVOUCHER | | (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil) | | 10. FOR DO USE ONLY | |
| READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM | | | | DO VOUCHER NO. | |
| NAME (FIRST NAME-MIDDLE INITIAL, (FNU); (YPE)) | | | | SUBVOUCHER NO. | |
| CHECK NAME ADDRESS (Include ZIP Code) | | | | PAID BY | |
| DUTY PHONE NO. DSN 738-0681 | | | | AGTX-OTM-D | |
| ORGANIZATION AND STATION | | | | 19 MAR 1993 RECEIVED | |
| HHD, 111TH SPT BN, TXARNG, SAN ANTONIO, TX 78285 | | | | AGTX-OTM-D | |
| TRAVEL ORDERS (Paragraph, S.O. No. Issuing Hq., Date) (Include amending orders) | | | | 23 28 MAR 1993 DATE OUT | |
| ORD # 042-214 DTD: 03 Mar/049-067 DTD: 12 Mar 93 | | | | COMPUTATIONS | |
| PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state) | | | | | |
| NONE | | | | | |
| 1. ITINERARY (See Item 23 for Symbols) | | | | | |
| DATE | LOCAL TIME | PLACE | MODE OF TRAVEL | CLASSIFICATION | POC MILES |
| 19 93 | (24 Hour Clock) | Home, Office, Base, Activity, City and State, City and Country, etc.) | | | |
| 28 FEB | DEP 1500 | GATESVILLE, TX | GA | | |
| 28 FEB | ARR 1700 | MT. CARMEL | TD | | |
| 07 MAR | DEP 1400 | WACO, TX | GA | 30.24 | NONE |
| 07 MAR | ARR 1600 | GATESVILLE, TX | MC | | |
| | DEP | | | | |
| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |
| 5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24) | | | | | |
| DATE | NATURE AND EXPLANATION | | AMT. CLAIMED | ALLOWED | |
| | | | | | |
| SUMMARY OF PAYMENT | | | | | |
| Per Diem | | | | | |
| Actual Expense | | | | | |
| Mileage or Transp Allowances | | | | | |
| Reimbursable Expenses | | | | | |
| Total Entitlement | | | | | |
| Less Previous Payments | | | | | |
| Less Voucher Deductions | | | | | |
| Amt. Charged to Acctg. Class | | | | | |
| 6. Long distance telephone calls are certified as necessary in the interest of the Government. APPROVING OFFICER (31 USC 660e) | | | | | |
| 7. TRS/MTA'S/MTS (If none, so state) | | | | | |
| NUMBER | FROM | TO | | | |
| | | | | | |
| 8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____ | | | | | |
| 9. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER | | | | | |
| 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.) | | | | | |
| 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. | | | | 14. SIGNATURE OF CLAIMANT | |
| | | | | DATE | |
| | | | | 18 Mar 93 | |
| 18. ACCOUNTING CLASSIFICATION | | | | | |
| COLLECTION DATA | | | | | |
| 17. COMPUTED BY | | 18. AUDITED BY | | 19. TVL ACRO POSTED BY | |
| | | | | | |
| 20. RECEIVED (Payee signature and date or check no.) | | | | 21. AMOUNT PAID | |
| | | | | | |

REG. NO. 21
NO. OF GUESTS

Everyday Inn

1008 E. CREST
Waco, Texas 76705

No. 55867

Date 3-6 1973

(1)
(2)
(3)
(4)

NAME [REDACTED]
ADDRESS [REDACTED]
CITY STATE [REDACTED]
GUEST SIGNATURE [REDACTED]

payable by
cash in advance

CAR. YEAR MAKE LICENSE NUMBER

REPRESENTATIVE OF TX NATIONAL GUARD

| DATE | ROOM NO. | NO. GUESTS | ROOM CHARGE | | TAX | OTHER | | TOTAL CHARGES | PAID ON ACCOUNT | BALANCE DUE | CP | PREVIOUS BALANCE | CP |
|------|----------|------------|-------------|--------|-----|-------|-------|---------------|-----------------|-------------|----|------------------|----|
| | | | NO. DAYS | AMOUNT | | L. D. | LOCAL | | | | | | |
| 3-2 | 21 | 1 | 1 | 10.08 | | | | | | | | | |
| 3-3 | | 1 | 1 | 10.00 | | | | | | | | | |
| 3-4 | | | 1 | 10.00 | | | | 30.24 | 30.24 | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

EXPLANATION OF OTHER CHARGES
A. _____
B. _____
C. _____
D. _____

Guest's Last name [REDACTED] (b)

ADS W

REVIEWED BY: [REDACTED]
DATE: 2 MAR 93

TRAVEL VOUCHER OR SUBVOUCHER (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)
READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM

10. FOR DO USE ONLY
DO VOUCHER NO.

21 LAST NAME - FIRST NAME - MIDDLE INITIAL (Print) GRADE/BANK SSM
[REDACTED]

SUBVOUCHER NO.

CHECK MAILING ADDRESS (Include ZIP Code) DUTY PHONE NO.
[REDACTED] (512) 465-5596

PAID BY

ORGANIZATION AND STATION
AGTX-CD/SOD P.O. BOX 5218 AUSTIN, TX. 78763

AGTX-OTM-D

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)
AGTX-CD 042-082 3 MAR 93

- 2 MAR 1993 RECEIVED

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. if none, so state)
- NONE -

AGTX-OTM-D

- 4 MAR 1993 DATE OUT

1. ITINERARY (See Item 25 for Symbols)

| DATE | LOCAL TIME (24 Hour Clock) | PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | MODE OF TRAVEL | REASON FOR STOP | COST OF LODGING | 3. NUMBER OF MEALS | | POC MILES |
|--------|----------------------------|--|----------------|-----------------|-----------------|--------------------|-----------|-----------|
| | | | | | | GOVT DED* | OPEN MESS | |
| 26 FEB | DEP 0730 | AUSTIN, TX | GA | | | | | |
| 26 FEB | ARR 0915 | FT. HOOD, TX | | TD | | | | |
| 27 FEB | DEP 1300 | | GA | | | | | |
| 27 FEB | ARR 1400 | WACO, TX | | TD | | | | |
| 1 MAR | DEP 1300 | | GA | | 82.00 | | | |
| 1 MAR | ARR 1500 | AUSTIN, TX | | MC | | | | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |

COMPUTATIONS

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS (See Item 24)

AGTX-OTM-D

| DATE | NATURE AND EXPLANATION | AMT CLAIMED | ALLOWED |
|------|------------------------|-------------|---------|
| | NONE | | |

SUMMARY OF PAYMENT

6. Long distance telephone calls are certified as necessary in the interest of the Government. APPROVING OFFICER (31 USC 680e)

Per Diem

7. TR'S/MTA'S/MT'S (If none, so state)

| NUMBER | FROM | TO |
|--------|------|----|
| | | |

NONE

Actual Expense

Mileage or Transp Allowances

Reimbursable Expenses

Total Entitlement

Less Previous Payments

Less Voucher Deductions

Am't Charged to Accty Class

11. PAYMENT DESIRED

8. LEAVE STATEMENT: OWNER/OPERATOR (See Item 22d) PASSENGER

CHECK CASH

12. PER DIEM REQUESTED

9. POC TRAVEL: OWNER/OPERATOR (See Item 22d) PASSENGER

13. BAS RATE

PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$4000 OR MAXIMUM IMPRISONMENT OF 1 YEAR, OR BOTH (U.S. Code, Title 18, Section 287.)

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.

DATE 1 MAR 93

14. ACCOUNTING CLASSIFICATION

15. COLLECTION DATA

17. COMPUTED BY 18. AUDITED BY 19. TVL RCRD POSTED BY 20. RECEIVED (Payee signature and date or check no.) 21. AMOUNT PAID



**Best Western
Old Main Lodge**

IH 35 @ BAYLOR UNIVERSITY PO BOX 174
WACO, TEXAS 76703
(817) 753-0316 FAX (817) 753-3811
RESERVATIONS 1 800 299-WACO (9226)

**GUEST
FOLIO**

ARRIVE NGTS DEPART
SAT FEB27, 93 01 SUN FEB28, 93
ROOM MKT S/A # T/A #
225 GM
TYPE A K R C E D M
QQ 1
NAME / ADDRESS

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] USA AUS
[REDACTED]

TIME EMP FOLIO #
0629 S1 03577

BALANCE
DUE
.00

| LINE | DATE | DESCRIPTION | REFERENCE | AMOUNT | ID |
|------|-------|-------------|-----------|------------------|----|
| 1 | FEB27 | ROOM | Rm 225E | 38.00+ | NA |
| 2 | FEB28 | DNRS/CB | | 38.00 | S1 |

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Have a safe trip!



IH 35 @ BAYLOR UNIVERSITY PO BOX 174
 WACO, TEXAS 76703
 (817) 753-0316 FAX (817) 753-3811
 RESERVATIONS 1 800 299-WACO (9226)

GUEST
 FOLIO

ARRIVE NGTS DEPART
 SUN FEB28, 93 01 MON MAR01, 93
 ROOM MKT S/A T/A
 122 GM
 TYPE A K R C E D M
 QQ 2
 NAME / ADDRESS

[REDACTED]
 U.S. TREASURY
 [REDACTED]
 [REDACTED] AUS
 DC
 [REDACTED]

TIME EMP FOLIO #
 1034 S1 03618

BALANCE DUE
 .00

| LINE | DATE | DESCRIPTION | REFERENCE | AMOUNT | ID |
|------|-------|-------------|-----------|-------------------|----|
| 1 | FEB28 | ROOM | Rm 122E | 44.00+ | NA |
| 2 | MAR01 | DNRS/CB | | 34.00- | S1 |

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Have a safe trip!

"WHEN USING BALL-POINT PEN PRESS HARD TO ASSURE LEGIBILITY ON ALL COPIES"

ADSW

REVIEWED BY [REDACTED]

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - SEE REVERSE)

DATE: 04 MAR 93

| | | | | | | | |
|--|----------------------------|---|------------------------------|---|-----------------|---|--------------|
| TRAVEL VOUCHER OR SUBVOUCHER | | (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil) | | 10. FOR DO USE ONLY | | | |
| READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM | | | | DO VOUCHER NO. | | | |
| LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type) | | GRADE/RANK - ISSN | | SUBVOUCHER NO. | | | |
| CHECK MAILING ADDRESS (Include ZIP Code) | | DUTY PHONE NO. | | PAID BY | | | |
| ORGANIZATION AND STATION | | 512 465-5596 | | | | | |
| AGTX-CD/SDD P.O. Box 5218 Austin, TX. 78763 | | | | | | | |
| TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders) | | | | | | | |
| 048-053 11MARR93 | | | | | | | |
| PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state) | | | | | | | |
| - NONE - | | | | | | | |
| 1. ITINERARY (See Item 25 for Symbols) | | | | | | | |
| DATE | LOCAL TIME (24 Hour Clock) | PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | MODE OF TRAVEL | REASON FOR STOP | COST OF LODGING | 3. NUMBER OF MEALS GOVT DED. OPEN MESS | 4. POC MILES |
| 18 93 | | | | | | | |
| 7 MAR | DEP 0900 | AUSTIN TX. | GA | | | | |
| 7 MAR | ARR 1100 | | | | | | |
| 7 MAR | DEP 1245 | WACO, TX | GA | TR | 96.00 | 0/0 | |
| 7 MAR | ARR 1445 | | | MC | | | |
| | DEP | AUSTIN, TX | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| 5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24) | | | | | | | |
| DATE | NATURE AND EXPLANATION | | AMT. CLAIMED | ALLOWED | | | |
| | NONE | | | | | | |
| 6. Long distance telephone calls are certified as necessary in the interest of the Government. APPROVING OFFICER (31 USC 680a) | | | | | | | |
| 7. TRS/MTA'S/MT'S (If none, so state) | | | | | | | |
| NUMBER | FROM | TO | SUMMARY OF PAYMENT | | | | |
| | NONE | | Per Diem | | | | |
| | | | Actual Expense | | | | |
| | | | Mileage or Transp Allowances | | | | |
| | | | Reimbursable Expenses | | | | |
| | | | Total Entitlement | | | | |
| | | | Less Previous Payments | | | | |
| | | | Less Voucher Deductions | | | | |
| | | | Am't Charged to Acctg Class | | | | |
| 11. PAYMENT DESIRED | | | | | | | |
| <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH | | | | | | | |
| 12. <input checked="" type="checkbox"/> PER DIEM REQUESTED | | | | | | | |
| 8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____ | | | | | | | |
| 9. POC TRAVEL <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER | | | | | | | |
| 13. BAS RATE | | | | | | | |
| 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.) | | | | | | | |
| 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. | | | 14. SIGNATURE OF CLAIMANT | | DATE | | |
| COUNTING CLASSIFICATION | | | | | | | |
| 16. COLLECTION DATA | | | | | | | |
| 17. COMPUTED BY | | 18. AUDITED BY | | 19. TVL ACRO POSTED 120 RECEIVED (Have signature and date of check no.) | | | |
| | | | | 21. AMOUNT PAID | | | |

Z 0017649



Best Western
Old Main Lodge



IH 35 @ BAYLOR UNIVERSITY PO BOX 174
WACO, TEXAS 76703
(817) 753-0316 FAX (817) 753-3811
RESERVATIONS 1 800 299-WACO (9226)

GUEST
FOLIO

ARRIVE NGTS DEPART
SUN MAR07, 93 02 TUE MAR09, 93

ROOM MKT S:A# T:A#
102 GM

TYPE A K R C E D M
QQ 1

TIME EMP FOLIO#
1252 S1 03939

BALANCE
DUE
: 00

NAME / ADDRESS
[REDACTED]
AGTX
[REDACTED]
[REDACTED]
USA AUS
DC

| LINE | DATE | DESCRIPTION | REFERENCE | AMOUNT | NO |
|------|-------|-------------|-----------|--------|----|
| 1 | MAR07 | ROOM | Rm 102E | 48.00+ | NA |
| 2 | MAR08 | ROOM | Rm 102E | 48.00+ | NA |
| 3 | MAR09 | DNRS/CB | | 96.00- | S1 |

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Have a safe trip!

REVIEWED BY [REDACTED] DATE 18 Mar 93

DSN 738-0681 (POC CAROL PRICE)

VEL VOUCHER OR SUBVOUCHER

(Complete by typewriter, ink, or ball point pen - PRESS HARD! do not use pencil)

10. FOR DO USE ONLY

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM

DO VOUCHER NO.

LAST NAME, FIRST NAME, MIDDLE INITIAL, (Print Type) GRADE, BRANCH, etc.

SUBVOUCHER NO.

CHECK MAILING ADDRESS (Include ZIP Code)

DUTY PHONE NO.
DSN 738-0681

PAID BY

AGTX-OTM-D

ORGANIZATION AND STATION

36TH MAINT CO, TXARNG, GATESVILLE, TX 76528

19 MAR 1993 RECEIVED

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

ORD# 042-215 DTD: 03 MARCH 1993

AGTX-OTM-D

25
28 MAR 1993 DATE OUT

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state)

NONE

1. ITINERARY (See Item 23 for Symbols)

| DATE | LOCAL TIME (24 Hour Clock) | PLACE Home, Office, Base, Activity, City and State, City and Country, etc.) | MODE OF TRAVEL | REASON FOR TRIP | COST OF LODGING | 3. NUMBER OF MEALS | | 4. POC MILES |
|-----------|----------------------------|---|----------------|-----------------|-----------------|--------------------|------------|--------------|
| | | | | | | GOVT DED* | OPEN MEALS | |
| 28 FEB 93 | DEP 1500 | GATESVILLE, TX | GA | | | | | |
| 28 FEB 93 | ARR 1700 | MT. CARMEL | | TD | | | | |
| 02 MAR 93 | DEP 1400 | WACO, TX | GA | | NONE | | 0 | |
| 02 MAR 93 | ARR 1600 | GATESVILLE, TX | | MC | | | | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |

COMPUTATIONS

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)

| DATE | NATURE AND EXPLANATION | AMT. CLAIMED | ALLOWED |
|------|------------------------|--------------|---------|
| | NONE | | |

SUMMARY OF PAYMENT

| | |
|------------------------------|--|
| Per Diem | |
| Actual Expense | |
| Mileage or Transp Allowances | |
| Reimbursable Expenses | |
| Total Entitlement | |
| Less Previous Payments | |
| Less Voucher Deductions | |
| Amt. Charged to Acctg. Class | |

6 Long distance telephone calls are certified as necessary in the interest of the Government.

APPROVING OFFICER (31 USC #204)

7. TRIP STARTS/ENDS (If none, so state)

| NUMBER | FROM | TO |
|--------|------|----|
| | N/A | |

11. PAYMENT DESIRED

CHECK CASH

8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____

12. PER DIEM REQUESTED

9. POC TRAVEL: OWNER/OPERATOR (See Item 23d) PASSENGER

13. BAS RATE

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.)

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 [REDACTED]

DATE

16. UNITING CLASSIFICATION

M

16. COLLECTION DATA

17. COMPUTED BY

18. AUDITED BY

19. TVL ACRO POSTED | 20. RECEIVED

REVIEWED BY: [REDACTED]

| TRAVEL VOUCHER OR SUBVOUCHER | | (Complete by typewriter, ink, or ball point pen / PRESS HARD) do not use pencil | | 10. FOR DO USE ONLY | | | |
|--|----------------------------|---|---------------------------------|----------------------------------|-----------------|-------------------------------------|-----------|
| READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM | | | | | | | |
| LAST NAME-FIRST NAME-MIDDLE INITIAL (Print/Type) | | GRADE/RANK (Print/Type) | | OO VOUCHER NO. | | | |
| [REDACTED] | | [REDACTED] | | SUBVOUCHER NO. | | | |
| CHECK MAILING ADDRESS (Include ZIP Code) | | DUTY PHONE NO. | | AGTX-OTM-D | | | |
| HQ, 249TH SPT BN (MAIN), PO BOX 5218 | | 512/465-5113 | | 26 MAR 1993 RECEIVED | | | |
| AUSTIN TEXAS 78763-5218 | | | | AGTX-OTM-D | | | |
| ORGANIZATION AND STATION | | | | 29 MAR 1993 SUBMITTED | | | |
| CO D, 249TH MSB, PO BOX 5218, AUSTIN, TX 78763-5218 | | | | Delay. Voucher sent directly to. | | | |
| TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders) | | | | USPFC COMPUTATIONS | | | |
| AGTX ORDERS 042-216, DTD 3 MARCH 1993 | | | | | | | |
| PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state) | | | | | | | |
| NONE | | | | | | | |
| 1. ITINERARY (See Item 23 for Symbols) | | | | | | | |
| DATE | LOCAL TIME (24 Hour Clock) | PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | MODE OF TRAVEL | REASON FOR TRIP | COST OF LODGING | NUMBER OF MEALS (OOVT / OPEN MEALS) | POC MILES |
| 93 | | | | | | | |
| 2/28 | DEP 1600 | Camp Mabry, Austin GA | | | | 0 / 0 | |
| 2/28 | ARR 2400 | Waco, Texas | | TD | | 0 / 0 | |
| 3/2 | DEP 1000 | | GA | | 0 | 0 / 0 | |
| 3/2 | ARR 1300 | Camp Mabry, Austin | | MC | 0 | 0 / 0 | |
| | DEP | | | | | 0 / 0 | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| 2. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24) | | | | | | | |
| DATE | NATURE AND EXPLANATION | | AMT. CLAIMED | ALLOWED | | | |
| | | | | | | | |
| SUMMARY OF PAYMENT | | | | | | | |
| | | | Per Diem | | | | |
| | | | Actual Expense | | | | |
| | | | Mileage or Transp Allowances | | | | |
| | | | Reimbursable Expenses | | | | |
| | | | Total Entitlement | | | | |
| | | | Less Previous Payments | | | | |
| | | | Less Voucher Deductions | | | | |
| | | | Am't. Charged to Acctg. Class | | | | |
| 6. Long distance telephone calls are certified as necessary in the interest of the Government. | | | | | | | |
| | | | APPROVING OFFICER (31 USC 680a) | | | | |
| 7. TRV/MTA'S/MT'S (If none, so state) | | | | | | | |
| NUMBER | FROM | TO | | | | | |
| | NONE | | | | | | |
| 8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____ | | | | | | | |
| 9. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER | | | | | | | |
| 11. PAYMENT DESIRED: <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH | | | | | | | |
| 12. <input checked="" type="checkbox"/> PER DIEM REQUESTED | | | | | | | |
| 13. BAS RATE | | | | | | | |
| 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.) | | | | | | | |
| 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. | | | 14. SIGNATURE OF CLAIMANT | | DATE | | |
| [REDACTED] | | | [REDACTED] | | 5 March 1993 | | |
| 15. ACCOUNTING CLASSIFICATION | | | | | | | |
| 16. COLLECTION DATA | | | | | | | |

14

ADSW

REVIEWED BY: [REDACTED]

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - SEE REVERSE) DATE: 17 MAR 93

TRAVEL VOUCHER OR SUBVOUCHER

(Complete by typewriter, ink, or ballpoint pen (PRESS HARD) do not use pencil)

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM

10. FOR DO USE ONLY

LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type) GRADE/RANK SSN

DO VOUCHER NO.

CHECK MAILING ADDRESS (Include ZIP Code) DUTY PHONE NO.

SUBVOUCHER NO.

ORGANIZATION AND STATION

PAID BY

AGTX-CD P.O. Box 518 Austin, TX. 78763-5218

TRAVEL ORDERS (Paragon, S.O. No., Issuing No., Date) (Include amending orders)

Q50-016 OTO 15 MAR 93

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. if none, so state)

NONE

1. ITINERARY (See Item 25 for Symbols)

| DATE | LOCAL TIME (24 Hour Clock) | PLACE (Home, Office, Base, Activity, City and State, City and Country, etc) | MODE OF TRAVEL | REASON FOR STOP | COST OF LODGING | 3. NUMBER OF MEALS | | 4. POC MILES |
|-----------|-------------------------------|--|----------------|-----------------|-----------------|--------------------|-----------|--------------|
| | | | | | | GOVT | OPEN MESS | |
| 13 MAR 93 | DEP 0900 | AUSTIN, TX | GA | MC | | DEP | | |
| 14 MAR 93 | ARR 1130 | | | | | | | |
| 14 MAR 93 | DEP 1530 | WACO, TX | GA | TP | \$90.00 | | | |
| 16 MAR 93 | ARR 2030 | | | | | | | |
| 16 MAR 93 | DEP | AUSTIN, TX | | MC | | | | |
| | ARR | | | | | | | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |
| | DEP | | | | | | | |
| | ARR | | | | | | | |

COMPUTATIONS

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)

| DATE | NATURE AND EXPLANATION | AMT. CLAIMED | ALLOWED |
|------|------------------------|--------------|---------|
| | NONE | | |

SUMMARY OF PAYMENT

| | |
|--|---------------------------------|
| 8. Long distance telephone calls are certified as necessary in the interest of the Government. | APPROVING OFFICER (31 USC 680e) |
| 7. TR'S/MTA'S/MTS (If none, so state) | |
| NUMBER | FROM TO |
| | NONE |

| | |
|------------------------------|--|
| Per Diem | |
| Actual Expense | |
| Mileage or Transp Allowances | |
| Reimbursable Expenses | |
| Total Entitlement | |
| Less Previous Payments | |
| Less Voucher Deductions | |
| Am't Charged to Acctg Class | |

8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____

11. PAYMENT DESIRED CHECK CASH

9. POC TRAVEL OWNER/OPERATOR (See Item 22d) PASSENGER

12. PER DIEM REQUESTED

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.)

I hereby claim any amount due me. The statements on face, reverse, 11a summary and attached are true and complete. Payment or credit has not been received.

DATE 10 MAR 93

15. COUNTING CLASSIFICATION [REDACTED]

16. COLLECTION DATA

17. COMPUTED BY | 18. AUDITED BY | 19. TVL RCRD POSTED | 20. RECEIVED (Pavee signature and name of checker only) | 21. AMOUNT PAID



Best Western
Old Main Lodge



IH 35 @ BAYLOR UNIVERSITY PO BOX 174
WACO, TEXAS 76703
(817) 753-0316 FAX (817) 753-3811
RESERVATIONS 1 800 299-WACO (9226)

GUEST
FOLIO

ARRIVE NGTS DEPART
SUN MAR14, 93 01 MON MAR15, 93
ROOM MKT S/A T/A
202 GM
TYPE A K R C E D M
QQ 1

NAME ADDRESS

[REDACTED]
AGTX CD
[REDACTED]
USA

PAY BY DS
GTD BY

TIME 0843 EMP S1 FOLIO # 04232

TAXES
DUE .00

| LINE | DATE | DESCRIPTION | REFERENCE | AMOUNT | ALD |
|------|-------|-------------|-----------|--------|-----|
| 1 | MAR14 | ROOM | Rm 202E | 48.00+ | NA |
| 2 | MAR15 | DISCOVER | | 48.00- | S1 |

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Have a safe trip!

This property is privately owned and operated. The management reserves the right to refuse service to anyone for lawful and legitimate reasons. Safety deposit boxes are available at the front desk and money, jewelry and documents or other articles of value and small suit should be deposited for safekeeping. Unless otherwise specified, the hotel assumes no responsibility for any loss or injury to such articles. Recovery for loss or injury to any such articles may be limited or precluded by state law.

LA QUINTA - WACO 0511
1110 S. 9TH ST.
WACO TEXAS , TX 76706-
817-752-9741 tax # -

For Toll Free Reservations - - - Call 800-531-5900

ROOM 107 is T arrive 3/15/93 (MON) depart 3/16/93 (TUE)
rate based on T #persons 1+ r/wy 0 crib 0
club # special accounts GOV & cml N

guest name [REDACTED], [REDACTED]
firm name AGTX-CD
address P.O. BOX 5218
AUSTIN , TX 787635218

spec info
home ph () - - - - - firm ph () - - - - - tax status 1

| type | reference | amount | id | date | time | trans | special info |
|------|--------------------------|--------|----|------|------|-------|--------------|
| ROOM | SPECIAL ACCOUNT RATE | 42.00 | | 3/15 | 1:11 | 14821 | acct is GOV |
| | charged to DISCOVER CARD | | | | | | |
| DS | [REDACTED] 12/94 | 42.00- | BW | 3/16 | 8:30 | 14968 | AUTH 015079 |

credits = 42.00 debits = 42.00 CURRENT BALANCE = 0.00

"WHEN USING BALL-POINT PEN PRESS HARD TO ASSURE LEGIBILITY ON ALL COPIES"

A DSW

REVIEWED [REDACTED]

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - SEE REVERSE) DATE: 22 MAR 93

| | | | | | | | |
|--|----------------------------|---|---------------------------------|----------------------|--|---|--------------|
| TRAVEL VOUCHER OR SUBVOUCHER | | (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil) | | 10. FOR DO USE ONLY | | | |
| READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM | | | | | | | |
| LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type) | | GRADE/RANK | | DO VOUCHER NO. | | | |
| [REDACTED] | | [REDACTED] | | SUBVOUCHER NO. | | | |
| CHECK MAILING ADDRESS (Include ZIP Code) | | DUTY PHONE NO. (572) | | AGTX-OTM-D | | | |
| [REDACTED] | | 465-5596 | | MAR 23 1993 RECEIVED | | | |
| ORGANIZATION AND STATION | | AGTX-CD | | AGTX-OTM-D | | | |
| 20. BOX 5218 | | AUSTIN, TX. 78763-5218 | | -1 APR 1993 RECEIVED | | | |
| TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders) | | | | AGTX-OTM-D | | | |
| PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place sent, or DO Station No. if none, so state) | | NONE | | 5 APR 1993 DATE OUT | | | |
| 1. ITINERARY (See item 25 for Symbols) | | | | | | | |
| DATE | LOCAL TIME (24 Hour Clock) | PLACE (Home, Office, Base, Activity, City and State, City and Country, etc) | MODE OF TRAVEL | REASON FOR STOP | COST OF LODGING | 3. NUMBER OF MEALS GOVT OPEN MESS | 4. POC MILES |
| 10 93 | | | | | | | |
| 21 MAR | DEP 0745 | AUSTIN, TX | GA | | | DED* | |
| 21 MAR | ARR 0945 | WACO, TX | GA | TD | | | |
| 21 MAR | DEP 1000 | | GA | | | | |
| 21 MAR | ARR 1200 | DALLAS, TX | GA | TD | | | |
| 21 MAR | DEP 1525 | | GA | | | | |
| 21 MAR | ARR 1715 | WACO, TX | GA | TD | \$48.00 | | |
| 22 MAR | DEP 0945 | | GA | | | | |
| | ARR 1200 | AUSTIN, TX. | | MC | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | JEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| 2. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See item 24) | | | | | | | |
| DATE | NATURE AND EXPLANATION | | | AMT. CLAIMED | ALLOWED | | |
| | NONE | | | | | | |
| 3. SUMMARY OF PAYMENT | | | | | | | |
| Long distance telephone calls are certified as necessary in the interest of the Government. | | | APPROVING OFFICER (31 USC 680e) | | Per Diem | | |
| TR'S/MTA'S/MTS (If none, so state) | | | | | Actual Expense | | |
| NUMBER | FROM | TO | | | Mileage or Transp Allowances | | |
| | NONE | | | | Reimbursable Expenses | | |
| | | | | | Total Entitlement | | |
| | | | | | Less Previous Payments | | |
| | | | | | Less Voucher Deductions | | |
| | | | | | Amt Charged to Acctg Class | | |
| 3. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____ | | | | | 11. PAYMENT DESIRED <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH | | |
| 3. POC TRAVEL <input type="checkbox"/> OWNER/OPERATOR (See item 22d) <input type="checkbox"/> PASSENGER | | | | | 12. <input type="checkbox"/> PER DIEM REQUESTED | | |
| 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.) | | | | | | | |
| 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. | | | | | 14. SIGNATURE OF CLAIMANT | | |
| [REDACTED] | | | | | DATE | | |
| [REDACTED] | | | | | 22 MARCH 93 | | |
| 15. PAYMENT CLASSIFICATION | | | | | | | |
| [REDACTED] | | | | | | | |
| 16. COLLECTION DATA | | | | | | | |
| 17. COMPUTED BY | | | | | | | |
| 18. AUDITED BY | | | | | | | |
| 19. TVL RCOD POSTED | | | | | | | |
| 20. RECEIVED (Provide signature and date of receipt on 1) | | | | | | | |
| 21. AMOUNT PAID | | | | | | | |

Z 0017662



Best Western
Old Main Lodge



IH 35 @ BAYLOR UNIVERSITY PO BOX 174
WACO, TEXAS 76703
(817) 753-0316 FAX (817) 753-3811
RESERVATIONS 1 800 299-WACO (9226)

GUEST FOLIO

ARRIVE NGTS DEPART
SUN MAR21, 93 01 MON MAR22, 93

ROOM MKT S/A # T/A #
122 GM

TYPE A K R C E D M
QQ 1

NAME / ADDRESS

AGTX CD

USA TX

DS

TIME 0938 EMP S1 FOLIO # 00339

BALANCE DUE .00

| LINE | DATE | DESCRIPTION | REFERENCE | AMOUNT | ID |
|------|-------|-------------|-----------|--------|----|
| 1 | MAR21 | ROOM | Rm 122E | 38.00+ | NA |
| 2 | MAR22 | ROOM | MAR21 | 10.00+ | S1 |
| 3 | MAR22 | DISCOVER | | 48.00- | S1 |

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Have a safe trip!

The property is privately owned and operated. The management reserves the right to refuse service to anyone for lawful and legitimate reasons. Safety
 General house are available at the front desk and money, jewelry and documents or other articles of value and must be deposited for safekeeping
 Unless deposited, the motel assumes no responsibility for any loss or injury to such articles. Recovery for loss or injury to any such articles may be
 limited or precluded by state law.

LA QUINTA - WACO 0511
 1110 S. 9TH ST.
 WACO TEXAS , TX 76706-
 817-752-9741 tax # -

For Toll Free Reservations - - - Call 800-531-5900

ROOM 103 is KP arrive 4/17/93 (SAT) depart 4/20/93 (TUE)
 rate based on KP #persons 1+ rlyw 0 crib 0
 club # special accounts GOV & cal N

guest name [REDACTED]
 firm name TX NATIONAL GUARD
 address [REDACTED]

spec info
 home ph (310) 436-7535 firm ph () tax status -

| type | reference | amount | id | date | time | trans | special info |
|-----------------|----------------------|---------|----|------|-------|-------|--------------|
| ROOM | SPECIAL ACCOUNT RATE | 49.00 | | 4/17 | 1:36 | 22669 | acct is GOV |
| TAX | SPECIAL ACCOUNT RATE | 6.37 | | 4/17 | 1:36 | 22670 | |
| ROOM | SPECIAL ACCOUNT RATE | 49.00 | | 4/18 | 1:01 | 23003 | acct is GOV |
| TAX | SPECIAL ACCOUNT RATE | 6.37 | | 4/18 | 1:01 | 23004 | |
| ROOM | SPECIAL ACCOUNT RATE | 49.00 | | 4/19 | 1:57 | 23194 | acct is GOV |
| TAX | SPECIAL ACCOUNT RATE | 6.37 | | 4/19 | 1:57 | 23195 | |
| charged to VISA | | | | | | | |
| VISA | [REDACTED] 10/93 | 166.11- | BA | 4/20 | 11:21 | 23450 | AUTH 020380 |

credits = 166.11 debits = 166.11 CURRENT BALANCE = 0.00

STATE OF TEXAS
ADJUTANT GENERAL'S DEPARTMENT
POST OFFICE BOX 5218
AUSTIN, TEXAS 78763-5218

ORDERS 059-171

26 March 1993

Following order is amended as indicated.

So much of: Orders 052168 this Hq dtd 17 March 1993

Pertaining to:

ADSW for ¹ [REDACTED] ² [REDACTED] (LRS)
(YRDAA-610) P O BOX 5218 AUSTIN TX 78763

As reads: NUMBER OF DAYS: 07 DAY(S) (19 MAR 1993 - 26 MAR 1993)
How changed: NUMBER OF DAYS: 12 DAY(S) (19 MAR 1993 - 31 MAR 1993)
Auth: Subsec 502(f) Title 32 USC; AGTX-CD
Type duty code: 402 Active Duty Special Work
Format: 700

FOR THE ADJUTANT GENERAL:

DISTRIBUTION:
AGTX-CD (5)
AGTX-SCF (2)

3
HQ, ARNG
OFFICIAL
[REDACTED]
ADJUTANT

STATE OF TEXAS
ADJUTANT GENERAL'S DEPARTMENT
POST OFFICE BOX 5218
AUSTIN, TEXAS 78763-5218

ORDERS 059-164

26 March 1993

① _____ HQ STATE AREA COMMAND(-)
(8BBAA-001) _____

②
You are to proceed on temporary duty as shown below and will return to your permanent station upon completion of the duty.

Temporary duty at : WACO, TEXAS

Purpose: SUPPORT AGTX-CD OPERATIONS

Type duty code: 40E Active Duty Special Work

Number of days: 2 Day(s) (27 March 1993 - 28 March 1993)

Will proceed date : 0730 27 MAR 1993

Additional instructions:

- (a) Government quarters and rations are not available.
- (b) Per diem is authorized in accordance with JFTR Vol 1.
- (c) Travel by government transportation is authorized.
- (d) Authority is granted to make such changes in duty locations as may be necessary for accomplishment of this mission.
- (e) Individual will submit DD Form 1351-2 through their Commander to AGTX-SCM-V NLT 5 days after performing duty.
- (f) P/D \$26.00 GA \$0

Acct clas:

Off tvl/pd: 2132060 18-1041 P2M11.1000-211J/219J

S41292 CTD 8BBAA

Format: 400

FOR THE ADJUTANT GENERAL:

////////////////////
// HQ, ARNG //
// OFFICIAL //
////////////////////

DISTRIBUTION:
AGTX-CD (5)
AGTX-SCF (2)

③ _____
ADJUTANT