



ADJUTANT GENERAL'S DEPARTMENT

Post Office Box 5218
Austin, Texas 78763-5218
512-465-5001

AGTX-CD (600)

02 March 1993

MEMORANDUM FOR

COMMANDER, 49TH ARMORED DIVISION, P.O. BOX 5218, AUSTIN, TEXAS
78758-5218
COMMANDER, TROOP COMMAND, P.O. BOX 5218, AUSTIN, TEXAS 78758-5218

SUBJECT: Memorandum of Instruction for Submitting DD FORM 1351-2
for TDY Associated with AGTX-CD Operations Beginning 28 February
1993.

1. All reimbursement claims for TDY conducted in support of AGTX-CD operations in Waco, Texas, beginning 28 February 1993, must be submitted directly to AGTX-CD. Each individual placed on ADSW orders for the above purpose will follow the attached instructions for submitting DD FORM 1351-2 for TDY reimbursement.
2. Point of contact is [REDACTED] #412 at Commercial (512) 465-5517 or DSN 954-5517.

Attachment
as

(2) [REDACTED]

#413

DL142.7 MAR 93

(2)

(U N C L A S S I F I E D)

EXECUTIVE SUMMARY

02 MARCH 1993

(U) Texas ARNG Participation in Waco, Texas (NGB-ARO-OC) (U)

The Texas ARNG has withdrawn the majority of the soldiers who have supported the ongoing hostage situation in Waco, Texas. After training FBI and ATF agents to operate the Bradley Fighting Vehicles, TXARNG has reduced their force to a support group of 15 personnel (4 officers, and 11 enlisted). Personnel are performing the following duties: 6 maintenance, 3 command and control, [4 counter drug,] and 2 bus drivers. All of the personnel were placed on ADSW Title 32 orders. No ARNG soldiers were placed on state active duty (SAD). Equipment retained: 7 BRADLEYs, 4 Tractor Trailer rigs, 1 8-passenger van, and 2 buses. A UH-60 has just landed to further support operations.

At this point the incident is still ongoing but 16 hostages have been released. Control of the operation has been returned back to ATF by the FBI. All TXARNG personnel remain at least 10 miles away from the compound. The Army National Guard Operations Center (NGB-ARO-OC) remains in contact with the Command Center and continues to monitor CNN for additional information.

D

██████████ NGB-ARO-OC/DSN 327-9350

Approved by ██████████

(U N C L A S S I F I E D)

C2

NGB-ARO-OPS/EOC

ID:703-607-7386

MAR 03 '93 15:51 No.011 P.03

4. TEXAS

(Federal Law Enforcement Support)

WACO

SITUATION: ATF Agents investigating a religious cult in the vicinity of Waco, TX, became involved in a shootout with well armed cult members. The ATF and FBI are currently at a stand off with the cult and are negotiating a surrender.

MISSIONS: Provide military support in the form of equipment and operational training on such equipment. Commenced 28 FEB 93. No projected end date.

PERSONNEL: 8 ARNG/SAD

EQUIPMENT:

- 4 each Bradley Fighting vehicles
- 4 each tractor trailers
- 1 each 8 passenger van
- 2 each 45 passenger vans
- 1 each UH60 helicopter

(1) [REDACTED] (703) 607-9354
Approved by

(2) [REDACTED]

C3

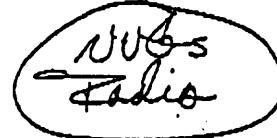
D-988

Z 0013794

8 Bradleys to law-enf. agencies
in Dacs

Can we do it?

Cash to CSC § 371 +



Reimburse fm?
(Maintenance pt.)

No Crews

D-1493

PERMISSIBLE ACTIONS

YOU MAY --

- * *Train* civilian law enforcement officials
- * *Maintain* equipment
- * *Drive* equipment to Waco

YOU MAY NOT --

- * *Operate* the equipment in support of civilian law enforcement operations

D - 1494



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST CAVALRY DIVISION
FORT HOOD, TEXAS 76545-5101



REPLY TO
ATTENTION OF

AFVA-JA

2 MAR 1993

MEMORANDUM FOR Chief of Staff

SUBJECT: Loan of Equipment to Civilian Law Enforcement Agencies

1. OVERVIEW. This responds to your request for a legal opinion regarding the loan of equipment (e.g., Bradleys, NVGs, radios) to civilian law enforcement officials in Waco, Texas. Assuming the appropriate level of approval and reimbursement for the associated costs, the loan of equipment is not legally objectionable.

2. DISCUSSION.

a. General Rule. While the Posse Comitatus Act¹ generally prohibits the use of Army personnel to enforce the civil laws, it does not proscribe the loan of Army equipment to civilian law enforcement agencies. Federal statute expressly authorizes the Secretary of Defense to make available any equipment to civilian law enforcement officials for law enforcement purposes.²

b. Approval Authority. FORSCOM must forward requests for the Bradleys to HQDA (DALO-SMS). [REDACTED] can approve requests for equipment other than arms, ammunition, and combat and tactical vehicles and aircraft, if the requested duration of the loan is less than 180 days.³

c. Reimbursement. Federal statute generally requires the Secretary of Defense to seek reimbursement for equipment furnished to civilian law enforcement agencies.⁴ The Economy

¹18 U.S.C. § 1385.

²10 U.S.C. § 372. See also 10 U.S.C. § 374, which permits military personnel to maintain the equipment and, under limited circumstances, to operate it.

³Dep't of Army Reg. No. 700-131, Loan & Lease of Army Materiel, para. 2-5e(1) (Feb. 15, 1985) [hereafter AR 700-131]; Dep't of Army Reg. No. 500-51, Support to Civilian Law Enforcement, para. 2-5b(1) (July 1, 1983) [hereafter AR 500-51].

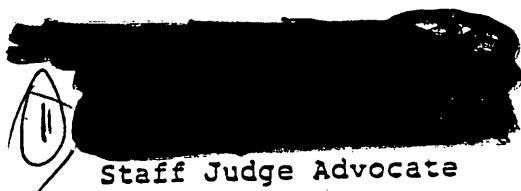
⁴AR 700-131, para. 2-5e(3).

⁵10 U.S.C. § 377(a). Excepted from this requirement is support to agencies that (1) is provided in the normal course of (continued...)

AFVA-JA
SUBJECT: Loan of Equipment to Civilian Law Enforcement Agencies

Act⁶ governs reimbursement for equipment loaned to other federal agencies. Generally, costs in addition to normal Army operating expenses must be reimbursed by the borrowing agency.⁷ Reimbursable costs include overtime pay of civilian personnel; travel and per diem expenses; transportation costs; packing, crating, handling, and shipment costs; petroleum, oil, and lubricants; the cost of materiel lost, damaged, or destroyed; and repair parts used in maintenance or renovation.⁸

3. CONCLUSION. Assuming the requisite approval and subsequent reimbursement of permissible costs, the 1st Cavalry Division may lawfully loan equipment to federal civilian law enforcement agencies in Waco, Texas.


Staff Judge Advocate

⁵(...continued)
military training or operation, or (2) results in a benefit to the element providing the support that is substantially equivalent to that which would otherwise be obtained from military operations or training. Id. § 377(b).

⁶31 U.S.C. § 1535.

⁷AR 700-131, para. 5-1a(2); AR 500-51, para. 4-4a.

⁸AR 700-131, para. 5-2.

March 2, 1993

Office of the Staff Judge Advocate

Mr. Rick Bradfield
News Director
KWTX
Box 2636
Waco, TX 76702

Dear Mr. Bradfield:

This letter is in follow on to our telephone conversation earlier today regarding a request for video tape.

Special Forces Command's purpose is to train and validate Special Forces soldiers for world-wide deployment. The Special Forces mission includes counter-terrorism (hostage rescue).

CBS News footage broadcast nationally on February 28 and March 1, 1993 of the approach, assault, and casualty evacuation from the cult house near Waco, by federal agents, is particularly valuable as instructional material in the training of Special Forces soldiers.

Subject to your licensing and copyright restrictions, request a copy of all "raw (unedited) footage" which details the assault element's approach to the house, efforts by the assault element to breach the structure, actions by the assault element when they came under fire, and subsequent efforts to evacuate casualties (both law enforcement and civilian) from the area.

It would be particularly useful for instructional purposes if the tape did not have commentary that was not contemporaneous with the making of the tapes (I believe this is called "voice over").

Again, we will honor limitations you place on dissemination of the tape. The material will be used only for instructional purposes in the hopes of saving soldiers' lives. I can provide blank tapes or replace any tapes you send. If fees are associated with this request please advise me.

Thanking you in advance for your time and consideration, I am,

Respectfully yours,

A large rectangular area of the document has been completely blacked out with a red marker, obscuring a signature.

00021659

UNCLASSIFIED

01 02 03 04 05 06 MAR 93 PP UUUU

HQDA WASHINGTON DC//DAMO-ODS//

CNGB WASHINGTON DC//ARO-0//

INFO OSD WASHINGTON DC

CJCS WASHINGTON DC

CSA WASHINGTON DC

TAG TX AUSTIN TEXAS

FBI WASHINGTON DC

CNGB WASHINGTON DC//ARO-0M//

UNCLAS

FOUO

MSGID/ORDER/ASSISTANT SECRETARY OF THE ARMY (INSTALLATIONS,
LOGISTICS, AND ENVIRONMENT)

SUBJECT: LOAN OF COMBAT ENGINEER VEHICLES (CEV) M728 TO FBI

A. AR 700-131, LOAN AND LEASE OF ARMY MATERIEL, 4 SEP 87.

B. AR 500-51, SUPPORT TO CIVIL LAW ENFORCEMENT, 1 AUG 83.

1. THIS IS AN EXECUTE ORDER. THE ACTING ASA(IL&E) HAS APPROVED THE
LOAN OF TWO CEV'S TO THE FBI.

2. IAW REFERENCES A AND B, REQUEST YOU COORDINATE WITH TAG TEXAS TO
PROVIDE THE FEDERAL BUREAU OF INVESTIGATION IN WACO, TEXAS, WITH TWO
CEV'S NLT 082000 (CST) MAR 93. THE CEV'S WILL BE LOANED TO FBI

GS

COMEBACK COPY REQUESTED

CHIEF, MILITARY SUPPORT DIVISION

UNCLASSIFIED

E:\USCS.DBF-- ID# 5

Z 0023103

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02 02

MAR 93 PP UUUU

WITHOUT OPERABLE WEAPONS SYSTEMS. ALL ARMY MARKINGS WILL BE OBSCURED. FBI DRIVERS WILL OPERATE VEHICLES. APPROPRIATE MAINTENANCE PACKAGE SHOULD ACCOMPANY VEHICLES, BUT ARNG PERSONNEL WILL NOT BE ON BOARD DURING OPERATIONAL MISSIONS AND WILL NOT ASSIST IN ANY ASPECT OF CIVIL LAW ENFORCEMENT.

3. A STANDARD DOD LOAN AGREEMENT WILL BE COMPLETED PRIOR TO RECEIPT OF THE EQUIPMENT TO THE FBI. ALL USE IS REIMBURSABLE UNDER THE PROVISIONS OF THE ECONOMY ACT. THE FBI WILL ALSO PAY MAINTENANCE PERSONNEL PER DIEM AND ALL OTHER IDENTIFIABLE DIRECT AND INDIRECT COSTS. FBI POINT OF CONTACT TO COORDINATE LOAN IS SPECIAL AGENT JIM SHINE AT FBI HQ (202-324-6700). REQUEST FOR REIMBURSEMENT SHOULD BE FORWARDED TO FBI HEADQUARTERS, 10TH AND PENNSYLVANIA AVENUE, NW, ATTN: ASSISTANT DIRECTOR DIVISION 3, SUPPORT OF MC BD. THE DURATION OF THIS OPERATION HAS NOT BEEN DETERMINED.

4. HQDA POC IS [REDACTED] DSN 227-4331, CML 703-697-4331.

UNCLASSIFIED

met

Z 0023104

TEL:

Mar 02 93 15:34 NO.008 P.02



DEPARTMENTS OF THE ARMY AND THE AIR FORCE

NATIONAL GUARD BUREAU
OFFICE OF THE UNITED STATES PROPERTY AND FISCAL OFFICER, TEXAS
P.O. BOX 5218
AUSTIN, TEXAS 78702-5218



MEMORANDUM OF AGREEMENT (MOA)

BETWEEN
UNITED STATES PROPERTY AND FISCAL
OFFICER FOR TEXAS
AND THE
FEDERAL BUREAU OF ALCOHOL, TABACCO, AND FIREARMS

SUBJECT: MEMORANDUM OF AGREEMENT FOR THE REIMBURSEMENT OF
SUPPLIES AND SERVICES

1. Purpose: The purpose of this agreement is to establish reimbursement procedures for supplies and services provided by the Texas Army National Guard to the Bureau of Alcohol, Tabacco, and Firearms in support law enforcement operations vicinity Waco, Texas, March 1993.

2. Description of Services.

a. Subsistence - Meals, Ready to Eat (MRE)

b. Petroleum, Oil and Lubricant to support military vehicles loaned for the operations

c. Other services agreed upon by representatives of both agencies.

3. Funding and Reimbursement. The following BATF fund account code will be used by the Texas Army National Guard to bill reimbursement: 93-531004-624-2116 MISC. Billings will be submitted to: AIF-15355 VANTAGE PKWY WEST, SUITE 210
Houston, Texas 77032 Attn: SAC

4. This agreement is effective on the date agreed to and signed by both parties. Questions concerning this agreement should be addressed to [REDACTED], AGTX-SL, (512) 465-5973.

(2) [REDACTED]
MATES Superintendent

(3) [REDACTED]
Bur [REDACTED] abacco,

EXHIBIT



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
OFFICE OF THE UNITED STATES PROPERTY AND FISCAL OFFICER, TEXAS
P.O. BOX 5218
AUSTIN, TEXAS 78762-5218



MEMORANDUM OF AGREEMENT (MOA)
BETWEEN
UNITED STATES PROPERTY AND FISCAL
OFFICER FOR TEXAS
AND THE
FEDERAL BUREAU OF INVESTIGATION

SUBJECT: MEMORANDUM OF AGREEMENT FOR THE REIMBURSEMENT OF
SUPPLIES AND SERVICES

1. Purpose: The purpose of this agreement is to establish reimbursement procedures for supplies and services provided by the Texas Army National Guard to the Federal Bureau of Investigation in support law enforcement operations vicinity Waco, Texas, March 1993.
2. Description of Services.
 - a. Subsistence - Meals, Ready to Eat (MRE).
 - b. Petroleum, Oil and Lubricant to support military vehicles loaned for the operations
 - c. Other services agreed upon by representatives of both agencies.
3. Funding and Reimbursement. The following FBI fund account code will be used by the Texas Army National Guard to bill reimbursement: 1530200. This amount shall not exceed \$10,000. Total without written modification of MOA/MOU. Billings will be submitted to: FBI, JEH Bldg, Rm 6345, 10th Street & Pennsylvania Avenue, NW, Washington, D.C., 20535.
4. This agreement is effective on the date agreed to and signed by both parties. Questions concerning this agreement should be addressed to [REDACTED], AGTX-SL, (512) 405-5873.

2 [REDACTED]
Texas Army National Guard

2 March 1993

DATE

3 [REDACTED]
FBI, Contracting Officer

3/2/93

DATE

** TOTAL PAGE 202 **

Z 0007884



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
OFFICE OF THE UNITED STATES PROPERTY AND FISCAL OFFICER, TEXAS
P.O. BOX 5218
AUSTIN, TEXAS 78763-5218



MEMORANDUM OF AGREEMENT (MOA)
BETWEEN
UNITED STATES PROPERTY AND FISCAL
OFFICER FOR TEXAS
AND THE
FEDERAL BUREAU OF INVESTIGATION

SUBJECT: MEMORANDUM OF AGREEMENT FOR THE REIMBURSEMENT OF
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1. Purpose: The purpose of this agreement is to establish reimbursement procedures for supplies and services provided by the Texas Army National Guard to the Federal Bureau of Investigation in support law enforcement operations vicinity Waco, Texas, March 1993.

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b. Petroleum, Oil and Lubricant to support military vehicles loaned for the operations

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4. This agreement is effective on the date agreed to and signed by both parties. Questions concerning this agreement should be addressed to [redacted] (512) 465-5073. [redacted]

2) [redacted]
Texas Army National Guard

DATE

3) [redacted]
FBI, Contracting Officer

DATE

AIRCRAFT TECHNICAL INSPECTION WORKSHEET

For use of this form, see DA PAM 738-751, the proponent agency is DCSLOG.

| | | | | | | | | | | | |
|---|--------|-----------|--|---------|----------------------------|----------------------------------|--------------------------------------|------|--------------|-----|-------|
| 1 ORGANIZATION AAASF Austin, TX 78723-3097 | | | 2 NOMENCLATURE AND MODEL HELICOPTER UH-60 | | 3 SERIAL NUMBER 9126319 | | 4 TYPE INSPECTION II TB 43-0002-3 | | | | |
| PART I - FAULT INFORMATION | | | | | | PART II - CORRECTING INFORMATION | | | | | |
| <input checked="" type="checkbox"/> | STATUS | SYS | DATE 2 Mar 93 | NO | TIME | PID | DATE | TIME | HRS | | |
| FAULT REMARKS Technical Inspection Inspected by [REDACTED] | | | | | | ROUNDS | ACTION CODE | WUC | | | |
| | | | | | | ACTION | | | | | |
| | | | | | | PID | HOURS | PID | HOURS | PID | HOURS |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | MAL EFF | WUC | CMH | OMH | FMH | DMH | |
| W.O. | | REQ | | OTHER | | | TIPID | | TI MAN-HOURS | | |
| <input checked="" type="checkbox"/> | STATUS | SYS | DATE | NO | TIME | PID | DATE | TIME | HRS | | |
| FAULT REMARKS Bullet entry hole skin damage at STA 503 WL 215 | | | | | | ROUNDS | ACTION CODE | WUC | | | |
| | | | | | | ACTION | | | | | |
| | | | | | | PID | HOURS | PID | HOURS | PID | HOURS |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | MAL EFF | WUC | CMH | OMH | FMH | DMH | |
| W.O. | | REQ | | OTHER | | | TIPID | | TI MAN-HOURS | | |
| <input checked="" type="checkbox"/> | STATUS | SYS | DATE | NO | TIME | PID | DATE | TIME | HRS | | |
| FAULT REMARKS Bullet hole in frame of tail section at STA 525 WL 225 | | | | | | ROUNDS | ACTION CODE | WUC | | | |
| | | | | | | ACTION | | | | | |
| | | | | | | PID | HOURS | PID | HOURS | PID | HOURS |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | MAL EFF | WUC | CMH | OMH | FMH | DMH | |
| W.O. | | REQ | | OTHER | | | TIPID | | TI MAN-HOURS | | |
| <input checked="" type="checkbox"/> | STATUS | SYS | DATE | NO | TIME | PID | DATE | TIME | HRS | | |
| FAULT REMARKS Bullet hole in frame of tail section at STA 545 WL 229 | | | | | | ROUNDS | ACTION CODE | WUC | | | |
| | | | | | | ACTION | | | | | |
| | | | | | | PID | HOURS | PID | HOURS | PID | HOURS |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | MAL EFF | WUC | CMH | OMH | FMH | DMH | |
| W.O. | | REQ | | OTHER | | | TIPID | | TI MAN-HOURS | | |

FOD REMINDER: Check work area for tools and parts after completion of maintenance and inspection

DA FORM 2408-13-3, NOV 91

Encl +

Z 0009609

| PART I - FAULT INFORMATION | | | | | | PART II - CORRECTING INFORMATION | | | | | |
|--|--------|-----------|------|---------|------|----------------------------------|------|--------------|-----|-----|-----|
| X | STATUS | SYS | DATE | NO. | TIME | PID | DATE | TIME | HRS | | |
| FAULT/REMARKS Bullet hole in left side of Inverter | | | | | | ACTION CODE WUC | | | | | |
| X 793. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| A/C HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMH | OMH | FMH | DMH |
| W.O. | | REQ | | OTHER | | TIPID | | TI MAN-HOURS | | | |
| X | STATUS | SYS | DATE | NO. | TIME | PID | DATE | TIME | HRS | | |
| FAULT/REMARKS Bullet hole in left side of aircraft at STA FS 173.0 WL 68 | | | | | | ACTION CODE WUC | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| A/C HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMH | OMH | FMH | DMH |
| W.O. | | REQ | | OTHER | | TIPID | | TI MAN-HOURS | | | |
| X | STATUS | SYS | DATE | NO. | TIME | PID | DATE | TIME | HRS | | |
| FAULT/REMARKS Bullet hole in rib left side of A/C at STA FS 192.0 WL 71.0 | | | | | | ACTION CODE WUC | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| A/C HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMH | OMH | FMH | DMH |
| W.O. | | REQ | | OTHER | | TIPID | | TI MAN-HOURS | | | |
| X | STATUS | SYS | DATE | NO. | TIME | PID | DATE | TIME | HRS | | |
| FAULT/REMARKS Bullet hole in stringer at left side of aircraft at FS 192.0 WL 71.0 | | | | | | ACTION CODE WUC | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| A/C HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMH | OMH | FMH | DMH |
| W.O. | | REQ | | OTHER | | TIPID | | TI MAN-HOURS | | | |
| X | STATUS | SYS | DATE | NO. | TIME | PID | DATE | TIME | HRS | | |
| FAULT/REMARKS Bullet exit hole at FS 186.0 WL 72.18 BL 1.0 aft and below oil tank | | | | | | ACTION CODE WUC | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| A/C HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMH | OMH | FMH | DMH |
| W.O. | | REQ | | OTHER | | TIPID | | TI MAN-HOURS | | | |

REVERSE OF DA FORM 2408-13-3

U.S. Government Printing Office: 1992 - 311-000-50187

AIRCRAFT TECHNICAL INSPECTION WORKSHEET

For use of this form, see DA PAM 738-751, the proponent agency is DCSLOG

| | | | | | | | | | | |
|--|--------|---------------------------|------|---------|------------------|----------------------------------|--------------------|------|--------------|-----|
| 1. ORGANIZATION | | 2. NOMENCLATURE AND MODEL | | | 3. SERIAL NUMBER | | 4. TYPE INSPECTION | | | |
| PART I - FAULT INFORMATION | | | | | | PART II - CORRECTING INFORMATION | | | | |
| X | STATUS | SYS | DATE | NO. | TIME | PID | DATE | TIME | HRS | |
| FAULT/REMARKS Bullet hole in oil tank bracket aft right leg. | | | | | | ROUNDS | ACTION CODE | WUC | | |
| | | | | | | ACTION | | | | |
| | | | | | | PID | HOURS | PID | HOURS | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | MAL EFF | WUC | CMH | OMH | FMH | DMH |
| W.O. | | REQ | | OTHER | | | TIPID | | TI MAN-HOURS | |
| X | STATUS | SYS | DATE | NO. | TIME | PID | DATE | TIME | HRS | |
| FAULT/REMARKS Bullet hole in aft fairing 1½ inch above oil tank drain access door. | | | | | | ROUNDS | ACTION CODE | WUC | | |
| | | | | | | ACTION | | | | |
| | | | | | | PID | HOURS | PID | HOURS | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | MAL EFF | WUC | CMH | OMH | FMH | DMH |
| W.O. | | REQ | | OTHER | | | TIPID | | TI MAN-HOURS | |
| X | STATUS | SYS | DATE | NO. | TIME | PID | DATE | TIME | HRS | |
| FAULT/REMARKS Bullet hole exit at aft fairing right aft of UHF antenna. | | | | | | ROUNDS | ACTION CODE | WUC | | |
| | | | | | | ACTION | | | | |
| | | | | | | PID | HOURS | PID | HOURS | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | MAL EFF | WUC | CMH | OMH | FMH | DMH |
| W.O. | | REQ | | OTHER | | | TIPID | | TI MAN-HOURS | |
| X | STATUS | SYS | DATE | NO. | TIME | PID | DATE | TIME | HRS | |
| FAULT/REMARKS Bullet exit holes at right side lower aft fairing. | | | | | | ROUNDS | ACTION CODE | WUC | | |
| | | | | | | ACTION | | | | |
| | | | | | | PID | HOURS | PID | HOURS | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | MAL EFF | WUC | CMH | OMH | FMH | DMH |
| W.O. | | REQ | | OTHER | | | TIPID | | TI MAN-HOURS | |

FOO REMINDER: Check work area for tools and parts after completion of maintenance and inspection

DA FORM 2408-13-3, NOV 91

Z 0006593

| PART I - FAULT INFORMATION | | | | | | PART II - CORRECTING INFORMATION | | | | | | | | | | | |
|---|--------|------|-----|--------|-------|----------------------------------|--------------|----------|-------------------------------|------|-------|-----|--|--|--|--|--|
| STATUS | SYS | DATE | NO. | TIME | PID | DATE | TIME | HRS | | | | | | | | | |
| T | EINZHA | V | WCH | 100000 | 160.0 | TIPID | ACTION CODE | WUC | ACTION Total Manhours - 160.0 | | | | | | | | |
| REMARKS Total labor costs 160 x \$15.00 = \$240.00 | | | | | | | | | | | | | | | | | |
| | | | | | | PID | HOURS | PID | HOURS | PID | HOURS | | | | | | |
| | | | | | | CMH | CMH | FMH | DMH | | | | | | | | |
| | | | | | | TIPID | TI MAN-HOURS | | | | | | | | | | |
| AC HRS | | | | | | WHEN DISC | HOW REC | MAIL EFF | WUC | DATE | | | | | | | |
| W.O. | | | | | | REQ | | OTHER | | TIME | | | | | | | |
| | | | | | | STATUS | SYS | DATE | NO. | TIME | PID | HRS | | | | | |
| FAULT/REMARKS CMH ZHACH UNI CHUCH UNF | | | | | | ROUNDS | ACTION CODE | | | | | WUC | | | | | |
| | | | | | | ACTION | | | | | | | | | | | |
| | | | | | | PID | HOURS | PID | HOURS | PID | HOURS | | | | | | |
| | | | | | | CMH | CMH | FMH | DMH | | | | | | | | |
| | | | | | | TIPID | TI MAN-HOURS | | | | | | | | | | |
| AC HRS | | | | | | WHEN DISC | HOW REC | MAIL EFF | WUC | DATE | | | | | | | |
| W.O. | | | | | | REQ | | OTHER | | TIME | | | | | | | |
| | | | | | | STATUS | SYS | DATE | NO. | TIME | PID | HRS | | | | | |
| FAULT/REMARKS CMH ZHACH UNI CHUCH UNF | | | | | | ROUNDS | ACTION CODE | | | | | WUC | | | | | |
| | | | | | | ACTION | | | | | | | | | | | |
| | | | | | | PID | HOURS | PID | HOURS | PID | HOURS | | | | | | |
| | | | | | | CMH | CMH | FMH | DMH | | | | | | | | |
| | | | | | | TIPID | TI MAN-HOURS | | | | | | | | | | |
| AC HRS | | | | | | WHEN DISC | HOW REC | MAIL EFF | WUC | DATE | | | | | | | |
| W.O. | | | | | | REQ | | OTHER | | TIME | | | | | | | |
| | | | | | | STATUS | SYS | DATE | NO. | TIME | PID | HRS | | | | | |
| FAULT/REMARKS CMH ZHACH UNI CHUCH UNF | | | | | | ROUNDS | ACTION CODE | | | | | WUC | | | | | |
| | | | | | | ACTION | | | | | | | | | | | |
| | | | | | | PID | HOURS | PID | HOURS | PID | HOURS | | | | | | |
| | | | | | | CMH | CMH | FMH | DMH | | | | | | | | |
| | | | | | | TIPID | TI MAN-HOURS | | | | | | | | | | |
| AC HRS | | | | | | WHEN DISC | HOW REC | MAIL EFF | WUC | DATE | | | | | | | |
| W.O. | | | | | | REQ | | OTHER | | TIME | | | | | | | |
| | | | | | | STATUS | SYS | DATE | NO. | TIME | PID | HRS | | | | | |
| FAULT/REMARKS CMH ZHACH UNI CHUCH UNF | | | | | | ROUNDS | ACTION CODE | | | | | WUC | | | | | |
| | | | | | | ACTION | | | | | | | | | | | |
| | | | | | | PID | HOURS | PID | HOURS | PID | HOURS | | | | | | |
| | | | | | | CMH | CMH | FMH | DMH | | | | | | | | |
| | | | | | | TIPID | TI MAN-HOURS | | | | | | | | | | |

REVERSE OF DA FORM 2408-13-3

U.S. Government Printing Office: 1982 - 311-430-001-07

Z 0006594

AIRCRAFT TECHNICAL INSPECTION WORKSHEET

For use of this form, see DA PAM 738-751, the proponent agency is DCSLOG

| | | | | | | | | | | | |
|---|-----|-----------|--|---------|-----|----------------------------------|-----|--------------|--------------------------------------|-----|-----|
| 1 ORGANIZATION AAASF Austin, TX 78723-3097 | | | 2 NOMENCLATURE AND MODEL HELICOPTER, OH-58A | | | 3 SERIAL NUMBER 70-15246 | | | 4 TYPE INSPECTION TI TB 43-0002-3 | | |
| PART I - FAULT INFORMATION | | | | | | PART II - CORRECTING INFORMATION | | | | | |
| STATUS | SYS | DATE | NO. | TIME | PID | DATE | | TIME | | HRS | |
| | | | | | | ROUNDS | | ACTION CODE | | WUC | |
| FAULT/REMARKS Technical Inspection Inspected by Mechanic SGT [Signature] (158) | | | | | | ACTION _____ | | | | | |
| | | | | | | | | | | | |
| A/C HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMH | OMH | FMH | DMH |
| W.O. | | REQ | | OTHER | | TIPID | | TI MAN-HOURS | | | |
| X STATUS | SYS | DATE | NO. | TIME | PID | DATE | | TIME | | HRS | |
| | | | | | | ROUNDS | | ACTION CODE | | WUC | |
| FAULT/REMARKS Bullet hole in tail boom lower side at STA BS 173.0 | | | | | | ACTION _____ | | | | | |
| | | | | | | | | | | | |
| A/C HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMH | OMH | FMH | DMH |
| W.O. | | REQ | | OTHER | | TIPID | | TI MAN-HOURS | | | |
| X STATUS | SYS | DATE | NO. | TIME | PID | DATE | | TIME | | HRS | |
| | | | | | | ROUNDS | | ACTION CODE | | WUC | |
| FAULT/REMARKS TOTAL LABOR COST: 48 X \$14.00 = \$672.00 Parts 9.543.00 P/N 206-961-458-105 1560-01-314-6888 | | | | | | ACTION TOTAL MANHOURS: 48.0 | | | | | |
| | | | | | | | | | | | |
| A/C HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMH | OMH | FMH | DMH |
| W.O. | | REQ | | OTHER | | TIPID | | TI MAN-HOURS | | | |
| X STATUS | SYS | DATE | NO. | TIME | PID | DATE | | TIME | | HRS | |
| | | | | | | ROUNDS | | ACTION CODE | | WUC | |
| FAULT/REMARKS | | | | | | ACTION _____ | | | | | |
| | | | | | | | | | | | |
| A/C HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMH | OMH | FMH | DMH |
| W.O. | | REQ | | OTHER | | TIPID | | TI MAN-HOURS | | | |

FOO REMINDER: Check work area for tools and parts after completion of maintenance and inspection

AIRCRAFT TECHNICAL INSPECTION WORKSHEET

For use of this form, see DA PAM 738-751, the proponent agency is DCSLOG

| | | | | | | | | | | | | | | | | | |
|---|--------|------------------|--|---------|------|----------------------------------|--------|--------------|-------------------------------------|-----|-----|-----|--|-----|--|-----|--|
| 1 ORGANIZATION AAASF Austin, TX 78723-3097 | | | 2 NOMENCLATURE AND MODEL Helicopter, OH-58A | | | 3 SERIAL NUMBER 7015303 | | | 4 TYPE INSPECTION TI TB43-0002-3 | | | | | | | | |
| PART I - FAULT INFORMATION | | | | | | PART II - CORRECTING INFORMATION | | | | | | | | | | | |
| STATUS | SYS | DATE 2 Mar 93 | NO. | TIME | PID | DATE | | TIME | | HRS | | | | | | | |
| | | | | | | ROUNDS | | ACTION CODE | | WUC | | | | | | | |
| FAULT REMARKS Technical Inspection Inspected by [REDACTED] (158) | | | | | | ACTION | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | | MAL EFF | | WUC | | CMH | | OMH | | FMH | | DMH | |
| WO | | REQ | | OTHER | | TIPD | | TI MAN-HOURS | | | | | | | | | |
| X | STATUS | SYS | DATE | NO. | TIME | PID | DATE | | TIME | | HRS | | | | | | |
| | | | | | | | ROUNDS | | ACTION CODE | | WUC | | | | | | |
| FAULT REMARKS Bullet hole in left passenger door 4 inches above door handle FS 117.71 WL 50.04 | | | | | | ACTION | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | | MAL EFF | | WUC | | CMH | | OMH | | FMH | | DMH | |
| WO | | REQ | | OTHER | | TIPD | | TI MAN-HOURS | | | | | | | | | |
| X | STATUS | SYS | DATE | NO. | TIME | PID | DATE | | TIME | | HRS | | | | | | |
| | | | | | | | ROUNDS | | ACTION CODE | | WUC | | | | | | |
| FAULT REMARKS Left passenger seat back bulkhead has bullet hole at FS 117.71 WL 50.04 | | | | | | ACTION | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | | MAL EFF | | WUC | | CMH | | OMH | | FMH | | DMH | |
| WO | | REQ | | OTHER | | TIPD | | TI MAN-HOURS | | | | | | | | | |
| X | STATUS | SYS | DATE | NO. | TIME | PID | DATE | | TIME | | HRS | | | | | | |
| | | | | | | | ROUNDS | | ACTION CODE | | WUC | | | | | | |
| FAULT REMARKS Bullet hole at left side step panel FS 119 . WL 52 | | | | | | ACTION | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | | MAL EFF | | WUC | | CMH | | OMH | | FMH | | DMH | |
| WO | | REQ | | OTHER | | TIPD | | TI MAN-HOURS | | | | | | | | | |

FOOT REMINDER: Check work area for tools and parts after completion of maintenance and inspection

AIRCRAFT TECHNICAL INSPECTION WORKSHEET

For use of this form, see DA PAM 738-751. The proponent agency is DCSLOG

EOO REMINDER: Check work area for tools and parts after completion of maintenance and inspection.

DA FORM 2408-13-3, NOV 91

Z 0022524

| AIRCRAFT TECHNICAL INSPECTION WORKSHEET | | | | | | | | | |
|---|--------|------------------|--|---------|------|----------------------------------|-------------|-------------------------------------|-----|
| For use of this form, see DA PAM 738-751; the proponent agency is DCSLOG | | | | | | | | | |
| ORGANIZATION AAASF Austin, TX 78723-3097 | | | 2 Nomenclature and Model Helicopter, OH-58A | | | 3 Serial Number 7015303 | | 4 Type Inspection II TB43-0002-3 | |
| PART I - FAULT INFORMATION | | | | | | PART II - CORRECTING INFORMATION | | | |
| STATUS | S/S | DATE 2 Mar 93 | NO | TIME | PID | DATE | TIME | MRS | |
| | | | | | | ROUNDS | ACTION CODE | WUC | |
| FAULT REMARKS Technical Inspection Inspected by Melvin Schulz. | | | | | | ACTION | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| AC HRS | | WHEN DISC | HOW REC | MAL EFF | WUC | CMH | CMH | FMH | DMH |
| WO | | REQ | OTHER | | | TIPID | | TI MAN-HOURS | |
| X | STATUS | S/S | DATE | NO | TIME | PID | DATE | TIME | MRS |
| | | | | | | | ROUNDS | ACTION CODE | WUC |
| FAULT REMARKS Bullet hole in left passenger door 4 inches above door handle FS 117.71 WL 50.04 | | | | | | ACTION | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| AC HRS | | WHEN DISC | HOW REC | MAL EFF | WUC | CMH | CMH | FMH | DMH |
| WO | | REQ | OTHER | | | TIPID | | TI MAN-HOURS | |
| X | STATUS | S/S | DATE | NO | TIME | PID | DATE | TIME | MRS |
| | | | | | | | ROUNDS | ACTION CODE | WUC |
| FAULT REMARKS Left passenger seat back bulkhead has bullet hole at FS 117.71 WL 50.04 | | | | | | ACTION | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| AC HRS | | WHEN DISC | HOW REC | MAL EFF | WUC | CMH | CMH | FMH | DMH |
| WO | | REQ | OTHER | | | TIPID | | TI MAN-HOURS | |
| X | STATUS | S/S | DATE | NO | TIME | PID | DATE | TIME | MRS |
| | | | | | | | ROUNDS | ACTION CODE | WUC |
| FAULT REMARKS Bullet hole at left side step panel FS 119 WL 52 | | | | | | ACTION | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| AC HRS | | WHEN DISC | HOW REC | MAL EFF | WUC | CMH | CMH | FMH | DMH |
| WO | | REQ | OTHER | | | TIPID | | TI MAN-HOURS | |
| FOO REMINDER: Check work area for tools and parts after completion of maintenance and inspection | | | | | | | | | |

DA FORM 2408-13-3, NOV 91

Z 0021457

| X STATUS | SYS | DATE | NO | TIME | PIO | DATE | TIME | HRS | | | |
|--|-----|-----------|----|---------|-----|--------------|-------------|------|-----|--------------|-----|
| | | | | | | ROUNDS | ACTION CODE | WUC | | | |
| FAULT:REMARKS Bullet hole in left side of Inverter | | | | | | ACTION _____ | | | | | |
| 733.00 | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| A/C HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMM | CMM | FMM | DMM |
| WO | | REQ | | OTHER | | | | TIPD | | TI MAN-HOURS | |
| X STATUS | SYS | DATE | NO | TIME | PIO | DATE | TIME | HRS | | | |
| | | | | | | ROUNDS | ACTION CODE | WUC | | | |
| FAULT:REMARKS Bullet hole in left side of aircraft at STA FS 173.0 WL 68 | | | | | | ACTION _____ | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| A/C HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMM | CMM | FMM | DMM |
| WO | | REQ | | OTHER | | | | TIPD | | TI MAN-HOURS | |
| X STATUS | SYS | DATE | NO | TIME | PIO | DATE | TIME | HRS | | | |
| | | | | | | ROUNDS | ACTION CODE | WUC | | | |
| FAULT:REMARKS Bullet hole in rib left side of A/C at STA FS 192.0 WL 71.0 | | | | | | ACTION _____ | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| A/C HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMM | CMM | FMM | DMM |
| WO | | REQ | | OTHER | | | | TIPD | | TI MAN-HOURS | |
| X STATUS | SYS | DATE | NO | TIME | PIO | DATE | TIME | HRS | | | |
| | | | | | | ROUNDS | ACTION CODE | WUC | | | |
| FAULT:REMARKS Bullet hole in stringer at left side of aircraft at FS 192.0 WL 71.0 | | | | | | ACTION _____ | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| A/C HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMM | CMM | FMM | DMM |
| WO | | REQ | | OTHER | | | | TIPD | | TI MAN-HOURS | |
| X STATUS | SYS | DATE | NO | TIME | PIO | DATE | TIME | HRS | | | |
| | | | | | | ROUNDS | ACTION CODE | WUC | | | |
| FAULT:REMARKS Bullet exit hole at FS 186.0 WL 72.18 BL 1.0 aft and below oil tank | | | | | | ACTION _____ | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| A/C HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMM | CMM | FMM | DMM |
| WO | | REQ | | OTHER | | | | TIPD | | TI MAN-HOURS | |

REVERSE OF DA FORM 2408-13-3

U.S. Government Printing Office: 1992 - 311-830-50167

Z 0021458

AIRCRAFT TECHNICAL INSPECTION WORKSHEET

For use in this form see DA FORM 738-751, the document agency is DCSLOG

| | | | | | | | | | | | |
|--|--|----------------------------------|------------------------------------|-----------------|------------|-----------------------------|-------------|-----|-------|----|-------|
| ORGANIZATION AAAST Austin, TX 78703-3067 | ACRONYMY AND MODEL HELICOPTER, OH-58A | SERIAL NUMBER 70-15246 | TYPE INSPECTION TI TB 43-0001-3 | | | | | | | | |
| PART I - FAULT INFORMATION | | PART II - CORRECTING INFORMATION | | | | | | | | | |
| STATUS <input checked="" type="checkbox"/> | SYS AC-HRS | DATE WEN-DISC | NC HOW REC | TIME VAL-EFF | PIC WUC | DATE | TIME | MPS | | | |
| | | | | | | REUNCS | ACTION CODE | WUC | | | |
| FAULT REMARKS Technical Inspection. Inspected by Melvin Schulz <i>Melvin Schulz</i> | | | | | | ACTION | | | | | |
| AC-HRS <input checked="" type="checkbox"/> | WEN-DISC | HOW REC | VAL-EFF | PIC WUC | CMM | CMM | FUM | CMM | | | |
| | | | | | TPD | MAN-HOURS | | | | | |
| X STATUS <input checked="" type="checkbox"/> | SYS AC-HRS | DATE WEN-DISC | NC HOW REC | TIME VAL-EFF | PIC WUC | DATE | TIME | MPS | | | |
| | | | | | | REUNCS | ACTION CODE | WUC | | | |
| FAULT REMARKS Bullet hole in tail boom lower side at STA BS 173.0 | | | | | | ACTION | | | | | |
| AC-HRS <input checked="" type="checkbox"/> | WEN-DISC | HOW REC | VAL-EFF | PIC WUC | CMM | CMM | FUM | CMM | | | |
| | | | | | TPD | MAN-HOURS | | | | | |
| STATUS <input checked="" type="checkbox"/> | SYS AC-HRS | DATE WEN-DISC | NC HOW REC | TIME VAL-EFF | PIC WUC | DATE | TIME | MPS | | | |
| | | | | | | REUNCS | ACTION CODE | WUC | | | |
| FAULT REMARKS TOTAL LABOR COST: 48 X \$14.00 = \$672.00 | | | | | | ACTION TOTAL MANHOURS: 48.0 | | | | | |
| <i>Part 6 543 00 P/N 206-961-458-105 1560-01-314-6888</i> | | | | | | PC | -CLPS | PIC | -CLPS | PD | -CLPS |
| AC-HRS <input checked="" type="checkbox"/> | WEN-DISC | HOW REC | VAL-EFF | PIC WUC | | | | | | | |
| | | | | | TPD | MAN-HOURS | | | | | |
| STATUS <input checked="" type="checkbox"/> | SYS AC-HRS | DATE WEN-DISC | NC HOW REC | TIME VAL-EFF | PIC WUC | DATE | TIME | MPS | | | |
| | | | | | | REUNCS | ACTION CODE | WUC | | | |
| FAULT REMARKS | | | | | | ACTION | | | | | |
| AC-HRS <input checked="" type="checkbox"/> | WEN-DISC | HOW REC | VAL-EFF | PIC WUC | CMM | CMM | FUM | CMM | | | |
| | | | | | TPD | MAN-HOURS | | | | | |

FOO REMINDER: Check work area for tools and parts after completion of maintenance and inspection

DA FORM 2408-13-3, NOV 91

Z 0022839

| PART I - FAULT INFORMATION | | | | | | PART II - CORRECTING INFORMATION | | | | | | | |
|--|--------|-----------|------|---------|------|----------------------------------|-------------|--------------|-------|-----|-------|-----|--|
| X | STATUS | SYS | DATE | NO | TIME | PID | DATE | TIME | HRS | | | | |
| FAULT/REMARKS Bullet hole in frame of tail section at STA 565 WL 233 | | | | | | ROUNDS | ACTION CODE | WUC | | | | | |
| | | | | | | ACTION _____ | | | | | | | |
| | | | | | | PID | HOURS | PID | HOURS | PID | HOURS | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMH | OMH | FMH | | DMH | |
| W.O | | REQ | | OTHER | | TIPID | | TI MAN-HOURS | | | | | |
| X | STATUS | SYS | DATE | NO | TIME | PID | DATE | TIME | HRS | | | | |
| FAULT/REMARKS Bullet hole in frame of tail section at STA 585 WL 237 | | | | | | ROUNDS | ACTION CODE | WUC | | | | | |
| | | | | | | ACTION _____ | | | | | | | |
| | | | | | | PID | HOURS | PID | HOURS | PID | HOURS | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMH | OMH | FMH | | DMH | |
| W.O | | REQ | | OTHER | | TIPID | | TI MAN-HOURS | | | | | |
| | STATUS | SYS | DATE | NO | TIME | PID | DATE | TIME | HRS | | | | |
| FAULT/REMARKS Total Labor Cost: | | | | | | ROUNDS | ACTION CODE | WUC | | | | | |
| 40 X \$14.00 = \$560.00 | | | | | | ACTION TOTAL MANHOURS: 40.0 | | | | | | | |
| | | | | | | PID | HOURS | PID | HOURS | PID | HOURS | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMH | OMH | FMH | | DMH | |
| W.O | | REQ | | OTHER | | TIPID | | TI MAN-HOURS | | | | | |
| | STATUS | SYS | DATE | NO | TIME | PID | DATE | TIME | HRS | | | | |
| FAULT/REMARKS | | | | | | ROUNDS | ACTION CODE | WUC | | | | | |
| | | | | | | ACTION _____ | | | | | | | |
| | | | | | | PID | HOURS | PID | HOURS | PID | HOURS | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMH | OMH | FMH | | DMH | |
| W.O | | REQ | | OTHER | | TIPID | | TI MAN-HOURS | | | | | |
| | STATUS | SYS | DATE | NO | TIME | PID | DATE | TIME | HRS | | | | |
| FAULT/REMARKS | | | | | | ROUNDS | ACTION CODE | WUC | | | | | |
| | | | | | | ACTION _____ | | | | | | | |
| | | | | | | PID | HOURS | PID | HOURS | PID | HOURS | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| AC HRS | | WHEN DISC | | HOW REC | | MAL EFF | WUC | CMH | OMH | FMH | | DMH | |
| W.O | | REQ | | OTHER | | TIPID | | TI MAN-HOURS | | | | | |

REVERSE OF DA FORM 2408-1-3

*U.S. Government Printing Office: 1992 - 311-83050-67

Z 0009610

ROUTING AND TRANSMISSION SLIP

2 MAR 53

EOC - 5636

TO: (Name, office symbol, room number,
Building, Agency/Post)

Initials _____ Date _____

(3)

[REDACTED] 167K-OT

2

| FBI | | 1973 | ATE |
|-------|--------|----------|---------------------------|
| DATE | TYPE | COST | TOTAL |
| 1 MAR | MRE | 654.12 | 654.12 |
| 12 8X | | | FEB 22 8X |
| 3 MAR | MRE | 2,725.50 | 3379.62 |
| 50 8X | | | 2MAR MRE 545.10 1744.78 |
| 3 MAR | 216GAS | 169.74 | 3549.36 |
| 42 8X | | | 3MAR MRE 2,287.02 4033.80 |
| 3 MAR | 396ALS | 26.91 | 4060.71 |

III Corps - POC - ad s.t.o
8171289-1182 [REDACTED]DPOs-L
694

MRE - 54.51 (B.V.)

FHR - 8171289-0698

REBATES
as 15 Mar\$49,100. 3 8100.00
89,000 C.E.V (For
Area)1012 20 mes
encl. part

*FBI Contracting Officer

W.C. DC
(202) 324-4928

53

Ran 104
Quinton JAHN
(202) 757-2000

EOC - 5636

II Corps - POC - ad s/t
817) 289-1182

DPO-1
694

MRE - 54.51 (BX)

FAX - 817) 289-2698

REMARKS
as 15 Mar

549,100. 3 Billings
39,000 CEV (Final
Run)

ROUTING SLIP
SUPPLY & SERVICES BRANCH
USFPO DATE:

| Action | File | Note and Return |
|--------------|----------------------|------------------|
| Approval | For Clearance | Per Conversation |
| As Requested | For Correction | Prepare Reply |
| Circulate | For Your Information | See Me |
| Concur | Investigate | Signature |
| Coordination | Justify | |

REMARKS

UNIT PRICE PER
CASE MEAL
MRE COSTS \$54.51 \$4.54

FBI 12 BX. from Warehouse #657.12
ATF 22 BX. from #1-124 Case #1,199.2

DO NOT use this form as a RECORD of approvals, concurrences, disapprovals, clearances, and similar actions.

FROM: (Name, org. symbol, Agency/Post)

Room No.—Side

(3)

Phone No.

5043-162

• U.S. GPO: 1980 - 262-080

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

Additional

ATF 10 Cases 1830613 2 MAR 73

ATF 42 Cases 1000613 3 MAR 73

FBI 50 3 MAR 73

8005
NO
NO OF
QUESTS

Everyday Fun

心 55817

• 1008 E. CREST
Waco, Texas 76705

Date 2 MAR 1993

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

MC

Payable by
cash in advance

三

TEST
NATURE

YEAR
CAR.
MAKE

Gov. Uzh

LICENSE
NUMBER

**REPRESENTATIVE
OF:**

三

CINCH CHARGES

Guest's
Last name

Z 0017753

21
DO GUESTS
1

Everyday Inn

1008 E. CREST
Waco, Texas 76705

IN 55816

Date 7/18/64 1964

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

(1) NAME [REDACTED] Payable by
cash in advance

(2) ADDRESS [REDACTED]

CITY STATE

CAR - YEAR
MAKE

LICENSE
NUMBER

Car. vehicle

GUEST
SIGNATURE

REPRESENTATIVE
OF

| ROOM RATE DATE | CLERK | ARRIVAL NO. GUESTS | AM PM | DEPARTURE TOTAL CHARGES | PAID ON ACCOUNT | BALANCE DUE CREDIT | PREVIOUS BALANCE CREDIT |
|-------------------|-------------|-----------------------|-------------------------------|----------------------------|---------------------|--------------------------|-------------------------------|
| | | | | | | | |
| DATE | ROOM NO. | NO. GUESTS | POGM CHARGE NO CARS AMOUNT | TAX | OTHER L.O. LOCAL | TOTAL CHARGES | PAID ON ACCOUNT |
| 3-2 | 20 | 1 1 | 10.08 | | | 10.07 | 10.07 |
| 7-2 | 1 | 1 | 10.08 | | | 08 | 10.08 |
| 7-2 | 1 | 1 | 10.08 | | | 10.08 | 10.08 |
| 7-1 | 20 | 1 1 | 10.08 | | | 10.08 | 10.08 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

CAP - SIGN OF OTHER CHARGES
A. C.
B. D.

Guest's (3)
Last name [REDACTED]

8760
-6
100 00
644818

Everyday Fun

47 55867

Date 3-52 193

1008 E. CREST
Waco, Texas 76705

RECORDED PLEASE PRINT LAST NAME FIRST

四

488

६१८

GUEST
SIGNATURE

THE FIRST

1

1

payable by
cash in advance

CAB. YEAR
NAME

LICENSE
NUMBER

REPRESENTATIVE
OF TX NATIONAL GUARD

EXPLANATION OF OTHER CHARGES

A. C
B. D

Guest's

Last name

④

(1)

| | | |
|-------------------------------------|------|---------|
| EXPIRATION | DATE | SERVER |
| <input checked="" type="checkbox"/> | | CASHIER |
| CHECK NO./FOLIO NO. | | |

5389718

| | |
|-------|-----------|
| 70 56 | PURCHASES |
| | TAX |
| | SERVER |
| | OTHER |
| 70 56 | TOTAL |

SIGN HERE
A FORM TO BE USED WITH
MasterCard VISA AMERICAN EXPRESS

SALES SLIP
CUSTOMER COPY
IMPORTANT:
RETAIN THIS COPY FOR YOUR RECORDS

ST. USA

DO NOT CIRCLE EXPIRATION DATE USE BOX BELOW

| | |
|---------------------|---------|
| DATE | SERVER |
| 3-2-93 | Dp |
| AUTHORIZATION | CASHIER |
| CHECK NO./FOLIO NO. | |

| | |
|-------|-----------|
| 10 08 | PURCHASES |
| | TAX |
| | SERVER |
| | OTHER |
| 10 08 | TOTAL |

SALES SLIP
A FORM TO BE USED WITH
MasterCard VISA AMERICAN EXPRESS

CUSTOMER COPY
IMPORTANT:
RETAIN THIS COPY FOR YOUR RECORDS

FIRST USA

ROOM NO.
NO. OF GUESTS

19

1008 E. CREST
Waco, Texas 76705

55818

Date 3-2-1993

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

NAME

Payable by
cash in advance

ADDRESS

CITY & STATE

LICENSE NUMBER

GOUVERNMENT

GUEST SIGNATURE

REPRESENTATIVE OF

| ROOM RATE | CLERK | ARRIVAL | AM. PM. | DEPARTURE | AM. PM. | | | | | | |
|-----------|----------|------------|--------------------|-----------|----------------|-----------------|------------------|--------------------|----------------|---------|---------------------|
| DATE | ROOM NO. | NO. GUESTS | AMOUNT NO. DEBT | TAX | AMOUNT L.D. | AMOUNT LOCAL | TOTAL CHARGES | PAID ON ACCOUNT | BALANCE DUE | CO # | PREVIOUS BALANCE |
| 3-2 | 19 | 1 | 10 08 | | | | 10 08 | 10 08 | | | |
| 3-3 | | | | | | | | | | | |
| 3-4 | | | | | | | | | | | |
| 3-5 | | | | | | | | | | | |
| 3-6 | | | | | | | | | | | |
| 3-7 | | | | | | | | | | | |
| 3-8 | | | | | | | | | | | |

EXPLANATION OF OTHER CHARGES

C. 10 08 Guest's
B. Last name _____
D.

70 56 70 56

Z 0017766

UNCLASSIFIED

PAGE:0001

INQUIRE=DOC21D
ITEM NO=00098002

ENVELOPE

CDSN = LGX013 MCN = 93060/10972 TOR = 930601236
OTTUZYUW RUEKJCS7183 0601234-UUUU--RUEALGX.

ZNR UUUUU

HEADER

O 011234Z MAR 93
FM SECDEF WASHINGTON DC
INFO RUEALGX/SAFE

O 011155Z MAR 93
FM JOINT STAFF WASHINGTON DC//J4:LRC//
TO RHCUAAA/USTRANSCOM SCOTT AFB IL//CAT/TCJ3/4/8-B//
INFO RHCUAAA/HQ AMC SCOTT AFB IL//TACC/DOOMS/SAAM//
RUEKJCS/SECDEF WASHINGTON DC//ES/P&L//
RHDJAAA/459AW ANDREWS AFB MD//CP//

BT

CONTROLS

UNCLAS

BODY

SUBJ: REQUEST FOR MARCH SAAM 5117, SUPPORT FOR FBI TO WACO, TEXAS
REF: TELECON 28 FEB 93 BETWEEN [REDACTED], J4-LRC AND [REDACTED]

[REDACTED] AMC SENIOR CONTROLLER, SAME SUBJ

1. OASD(P&L) HAS APPROVED DOD AIRLIFT SUPPORT FOR THE FEDERAL BUREAU OF INVESTIGATION TO MOVE A CRISIS RESPONSE TEAM FROM ANDREWS AFB, MD TO WACO, TEXAS. THIS IS A REQUEST FOR MARCH SAAM 5117. THE FOLLOWING DETAILS APPLY:

- A. VALIDATOR: [REDACTED] USAF
- B. PRIORITY: 1B1
- C. TYPE AIRCRAFT: C141
- D. ONLOAD LOCATION: ANDREWS AFB, MD
- E. OFFLOAD LOCATION: TEXAS STATE TECHNICAL COLLEGE, WACO, TEXAS. ICAO CODE IS (KCNW).
- F. PAX: 50-60 WITH WEAPONS AND CLASS C AMMUNITION
- G. CARGO: FOUR VEHICLES (GMC SUBURBANS)
- H. RDD: 1 MAR 93

2. REMARKS:

- A. 459AW AT ANDREWS HAS AGREED TO TAKE MISSION IN LIEU OF TRAINING MISSION SCHEDULED FOR LATER THIS WEEK.
- B. EXTENSION FOR RETURN OF TEAM TO ANDREWS WILL BE TASKED SEPARATELY AS -02 MISSION OF THIS SAAM WHEN SITUATION IS RESOLVED IN TEXAS.

3. FUNDING: SUPPORT IS REIMBURSABLE AT THE US GOVERNMENT, NON-DOD RATE. SEND BILLS TO:

FEDERAL BUREAU OF INVESTIGATION
10TH AND PENNSYLVANIA AVE
WASHINGTON DC 20353

ATTN: ASSISTANT DIRECTOR

4. POINTS OF CONTACT:

- A. FBI OPS CENTER: SPECIAL AGENT [REDACTED] COM'L (202)

UNCLASSIFIED

Z 0036941

UNCLASSIFIED

PAGE:0002

324-6750.
B. ANDREWS: [REDACTED] DSN 858-2600/2800, COM'L (301)
981-2600/2800.
C. J4-LRC: [REDACTED] OR [REDACTED], DSN 227-0744 DURING DUTY
HOURS. AFTER HOURS, CONTACT THE J4-LRC DUTY OFFICER VIA THE NMCC
OPERATOR, DSN 227-6340.

ADMIN
BT

#7183

NNNN

UNCLASSIFIED

Z 0036942

01 02

MAR 93 PP UUUU

PAG000

HQDA WASHINGTON DC//DAMO-ODS//

CNCB WASHINGTON DC//ARO-0//

INFO OSD WASHINGTON DC

CJCS WASHINGTON DC

CSA WASHINGTON DC

TAG TX AUSTIN TEXAS

FBI WASHINGTON DC

CNGB WASHINGTON DC//ARO-0M//

UNCLAS

FOUO

MSGID/ORDER/ASSISTANT SECRETARY OF THE ARMY (INSTALLATIONS,
LOGISTICS, AND ENVIRONMENT)

SUBJECT: LOAN OF COMBAT ENGINEER VEHICLES (CEV) M728 TO FBI

A. AR 700-131, LOAN AND LEASE OF ARMY MATERIEL, 4 SEP 87.

B. AR 500-51, SUPPORT TO CIVIL LAW ENFORCEMENT, 1 AUG 83.

1. THIS IS AN EXECUTE ORDER. THE ACTING ASA(IL&E) HAS APPROVED THE
LOAN OF TWO CEV'S TO THE FBI.

2. IAW. REFERENCES A AND B, REQUEST YOU COORDINATE WITH TAG TEXAS TO
PROVIDE THE FEDERAL BUREAU OF INVESTIGATION IN WACO, TEXAS, WITH TWO
CEV'S NLT 082000 (CST) MAR 93. THE CEV'S WILL BE LOANED TO FBI

[REDACTED] GS
DAMO-ODS, DSN 227-4331

COMEBACK COPY REQUESTED

8 [REDACTED], GS, CHIEF, MILITARY SUPPORT DIVISION

UNCLASSIFIED

S:\USCS\DBF-- ID# 5

Z 0034204

02 02

MAR 93 PP UUUU

WITHOUT OPERABLE WEAPONS SYSTEMS. ALL ARMY MARKINGS WILL BE OBSCURED. FBI DRIVERS WILL OPERATE VEHICLES. APPROPRIATE MAINTENANCE PACKAGE SHOULD ACCOMPANY VEHICLES, BUT ARNG PERSONNEL WILL NOT BE ON BOARD DURING OPERATIONAL MISSIONS AND WILL NOT ASSIST IN ANY ASPECT OF CIVIL LAW ENFORCEMENT.

3. A STANDARD DOD LOAN AGREEMENT WILL BE COMPLETED PRIOR TO RECEIPT OF THE EQUIPMENT TO THE FBI. ALL USE IS REIMBURSABLE UNDER THE PROVISIONS OF THE ECONOMY ACT. THE FBI WILL ALSO PAY MAINTENANCE PERSONNEL PER DIEM AND ALL OTHER IDENTIFIABLE DIRECT AND INDIRECT COSTS. FBI POINT OF CONTACT TO COORDINATE LOAN IS SPECIAL AGENT [REDACTED] AT FBI HQ (202-324-6700). REQUEST FOR REIMBURSEMENT SHOULD BE FORWARDED TO FBI HEADQUARTERS, 10TH AND PENNSYLVANIA AVENUE, NW, ATTN: ASSISTANT DIRECTOR DIVISION 3, SUPPORT OF MC BU. THE DURATION OF THIS OPERATION HAS NOT BEEN DETERMINED.

4. HQDA POC IS [REDACTED] DSN 227-4331, CML 703-697-4331.

M
[REDACTED]
UNCLASSIFIED

S:\USCS.DBF-- ID# 5

Z 0034205

*** ACTIVITY REPORT ***

D2518

TRANSMISSION OK

PPR

TI/RN NO. 7180
CONNECTION TEL 1664228p8177990698
CONNECTION ID
START TIME 03/02 11:38
USAGE TIME 01'21
PAGES 2
RESULT OK

| | |
|-----------------|----|
| ROOM NO. | 45 |
| NO OF GUESTS | 1 |

Everyday Fun

1008 E. CREST
Waco, Texas 76705

No 55823

Date 3-2 53

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

NAME

ADDRESS

CITY &
STATE

**GUEST
SIGNATURE**

Payable by
cash in advance

~~ROOM RATE~~

CLERK

240

AM
24

2020-2021

AM

EXPLANATION OF OTHER CHARGES

- A. C.
B. D.

Guest's
Last name

ROOM NO.
43
NO. OF GUESTS
1

Everyday Inn

1008 E. CREST
Waco, Texas 76701

No. 55824

Date MARCH 2 1993

REGISTRATION RECORD - PLEASE PRINT LAST NAME FIRST

NAME (1)

(2)

ADDRESS

CITY & STATE

GUEST'S NAME

CAR. YEAR
MAKE

LICENSE NUMBER

REPRESENTATIVE OF

(3)

RATE

CLEANE

ARRIVAL

| DATE | ROOM NO. | NO. GUESTS | ROOM CHARGE | | TAX | AMOUNT |
|------|----------|------------|-------------|--------|-----|--------|
| | | | NO. DAYS | AMOUNT | | |
| 3-21 | 43 | 1 | 1 | 18.50 | - | |

18.50 18.50

(4)

EXPLANATION OF OTHER CHARGES

A.

B.

C.

D.

Guest's
Last name

Other Local Total Charges Paid on Account Balance Due Ch. ✓ Previous Balance

8#
OF
ESTS
44
1

Everyday Inn

1008 E. CREST
Waco, Texas 76705

55822

Date 2/11/73

STRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

Payable by
cash in advance

| RECEIVED | CAR. NO. | YEAR | LICENSE NUMBER | | | | | | | | | | |
|------------------------------|---------------------------|-------------------------|-----------------|--------------------|-----|-------|------|-------|---------------|-----------------|-------------|------|------------------|
| ST. CATE. | REPRESENTATIVE OF TX ARNG | | | | | | | | | | | | |
| 3) RATE | CLERK | AM PM | DEPARTURE AM PM | | | | | | | | | | |
| RE | ROOM NO | NO GUESTS | NO CATS | ROOM CHARGE AMOUNT | TAX | OTHER | L.D. | LOCAL | TOTAL CHARGES | PAID ON ACCOUNT | BALANCE DUE | CR ✓ | PREVIOUS BALANCE |
| 2 | 44 | 1 | 1 | 1850 | - | | | | 1850 | 1850 | — | — | — |
| EXPLANATION OF OTHER CHARGES | | | | | | | | | | | | | |
| A. | C. | Guest's Last name _____ | | | | | | | | | | | |
| B. | D. | | | | | | | | | | | | |

ROOM NO.
NO. OF GUESTS
1

Everyday Inn

1008 E. CREST
Waco, Texas 76705

IN 55816

Date 2/11/83 1983

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

Payable by
cash in advance

NAME

ADDRESS

CITY &
STATE

GUEST
SIGNATURE

CAR. YEAR
MAKE

LICENSE
NUMBER

Gov. White

REPRESENTATIVE
OF

| ROOM RATE | CLERK | ARRIVAL | | AM PM | DEPARTURE | AM PM | PAID ON ACCOUNT | BALANCE DUE | C.O. | PREVIOUS BALANCE | C.B. |
|-----------|-------|---------|-------------|--------------|-----------|-----------------------|--------------------|----------------|-------|---------------------|-------|
| | | DATE | ROOM NO. | NO GUESTS | NO DAYS | POGM CHARGE AMOUNT | TAX | OTHER L.D. | LOCAL | TOTAL CHARGES | |
| 3.2 | 20 | 1 | 1 | 1 | 10 08 | | | | | 10 08 | 10 08 |
| | 20 | 1 | 1 | 1 | 10 08 | | | | | 10 08 | 10 08 |
| | 20 | 1 | 1 | 1 | 10 08 | | | | | 10 08 | 10 08 |
| | 20 | 1 | 1 | 1 | 10 08 | | | | | 10 08 | 10 08 |
| | 20 | 1 | 1 | 1 | 10 08 | | | | | 10 08 | 10 08 |
| | | | | | | | | | | | |

E. A. of OTHER CHARGES
A. C.
B. D.

Guest's
Last name

(3)

REGIS
NO. OF
GUESTS

| |
|---|
| 1 |
| 1 |

Everyday Inn

1008 E. CREST
Waco, Texas 76705

REGIS NO. 55819

Date 3-2 1953

| RECORD - PLEASE PRINT (LAST NAME FIRST) | | | | | | | | | | | | | | |
|---|----------|-------------------------------|----------|-------------|--------|----------------|-------|------|-------|---------------|-----------------|-------------|-----|------------------|
| NAME | | #4 Payable by cash in advance | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | |
| CITY & STATE | | CAR. MAKE | | YEAR | | LICENSE NUMBER | | | | | | | | |
| GUEST SIGNATURE | | REPRESENTATIVE OF | | | | | | | | | | | | |
| BOOK RATE | CLERK | ARRIVAL | | AM | PM | DEPARTURE | | AM | PM | | | | | |
| DATE | ROOM NO. | NO. GUESTS | NO. DAYS | ROOM CHARGE | AMOUNT | TAX | OTHER | L.D. | LOCAL | TOTAL CHARGES | PAID ON ACCOUNT | BALANCE DUE | CR/ | PREVIOUS BALANCE |
| 3-2 | 19 | 1 | 1 | 10.08 | | | | | | 10.08 | 10.08 | - | - | - |
| 3-3 | | | | 10.08 | | | | | | | | | | |
| 3-4 | | | | 10.08 | | | | | | | | | | |
| 3-5 | | | | 10.08 | | | | | | | | | | |
| 3-6 | | | | 10.08 | | | | | | | | | | |
| 3-7 | | | | 10.08 | | | | | | | | | | |
| 3-8 | | | | 10.08 | | | | | | | | | | |

EXPLANATION OF OTHER CHARGES
 C. 10.08 Guest's Last name _____
 D.
 B. 7.56 7.56

ROOM NO.
10
NO. OF GUESTS
1

Everyday Inn

1008 E. CREST
Waco, Texas 76705

55817

Date 2 MAR 1973

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

NAME [REDACTED] ① Payable by cash in advance

ADDRESS [REDACTED]

CITY & STATE [REDACTED] CAR. MAKE GOV. UZL LICENSE NUMBER

GUEST SIGNATURE [REDACTED] REPRESENTATIVE OF

ROOM RATE CLERK ARRIVAL AM DEPARTURE PM AM PM

| DATE | ROOM NO. | NO. GUESTS | NO CATS | ROOM CHARGE AMOUNT | TAX | OTHER | L.D. | LOCAL | TOTAL CHARGES | PAID ON ACCOUNT | BALANCE DUE | CF | PREVIOUS BALANCE |
|------|----------|------------|---------|--------------------|-----|-------|------|-------|---------------|-----------------|-------------|----|------------------|
| 3-2 | 20 | 1 | 1 | 10.08 | | | | | 10.08 | 10.08 | - | | |
| 3-3 | 20 | 1 | 1 | 10.08 | | | | | 10.08 | | 10.08 | | |
| 3-4 | 20 | 1 | 1 | 10.08 | | | | | 10.08 | | 10.16 | | 10.08 |
| 3-5 | 20 | 1 | 1 | 10.08 | | | | | 10.08 | | 30.24 | | 10.16 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Guest's
Last name _____

FDSW

02 MAR 93

| | | | | | |
|--|--|--|---|--|--|
| TRAVEL VOUCHER OR SUBVOUCHER READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM. | | | 1. Complete by typewriter, ink, or ball point pen (PRESS HARD! do not use pencil) | | |
| ST NAME - FIRST NAME - MIDDLE INITIAL (PRINT TYPE) GRADE/RANK SSN | | | 10. FOR DO USE ONLY DO VOUCHER NO. | | |
| CHECK MAILING ADDRESS (Include Zip Code) [REDACTED] | | | SUBVOUCHER NO. | | |
| | | | PAID BY | | |
| | | | AGTX-OTM-D | | |
| | | | 02 MAR 1993 RECEIVED | | |
| ORGANIZATION AND STATION COF(-) 149AVN 49AD Austin, TX TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders) | | | 11. PAYMENT DESIRED CHECK <input checked="" type="checkbox"/> CASH <input type="checkbox"/> CASH | | |
| AGTX 040-070 01 March 1993 PRIORITY TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. if none, so state) | | | 12. APPROVING OFFICER (37 USC 680a) Interest of the Government | | |
| NONE | | | 13. BAS RATE | | |
| 14. COMPUTATIONS 2 NIGHTS @ \$80.00 | | | 15. ACCOUNTING CLASSIFICATION JET 2 MAR 93 | | |
| 16. COLLECTION DATA | | | 17. COMPUTED BY | | |
| | | | 18. AUDITED BY | | |
| | | | 19. TEL RC'D POSTED BY | | |
| | | | 20. RECEIVED (Payee signature and date or check no.) | | |
| | | | 21. AMOUNT PAID → | | |

ADS/ 02 Mar 93

| | | | | | | | |
|--|-------------------------------|--|---|--|------------------------------|-----------------------|--------------|
| TRAVEL VOUCHER OR SUBVOUCHER | | | (Complete by typewriter, ink, or oil point pen (PRESS HARD) do not use pencil) | | | | |
| READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM. | | | | | | | |
| LAST NAME - FIRST NAME - MIDDLE INITIAL (Print Type) | | GRADE/RANK | | SSN | | 10. FOR DO USE ONLY | |
| CHECK MAILING ADDRESS (Include Zip Code) | | DUTY PHONE NO. | | | | DO VOUCHER NO. | |
| | | | | (512) 465-5552 | | SUBVOUCHER NO. | |
| ATION AND STATION | | | | | | PAID BY | |
| COF(-) 149AVN 49AD Austin, TX | | | | | | | |
| TRAVEL ORDERS (Paragraph, S.O. No., Issuing HQ, Date)(Include amending orders) | | | | | | | |
| AGTX 040-070 01 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 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 | 2. COST OF LODGING | 3. NUMBER OF MEALS | |
| 19 93 | DEP 1100 | Austin, TX | GP | | | GOVT DED | OPEN MESS |
| | ARR 1500 | | | | | POC | MILES |
| | 2701 DEP 1700 | Waco, TX | GP | TD | 76.00 | NONE | |
| | 2701 ARR 1815 | | | | | | |
| | 2701 DEP | Austin, TX | GP | MC | | | |
| | 2701 ARR | | | | | | |
| | 2701 DEP | | | | | | |
| | 2701 ARR | | | | | | |
| | 2701 DEP | | | | | | |
| | 2701 ARR | | | | | | |
| | 2701 DEP | | | | | | |
| | 2701 ARR | | | | | | |
| 5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS * (See Item 24) | | | | | | | |
| DATE | NATURE AND EXPLANATION | | AMT. CLAIMED | ALLOWED | SUMMARY OF PAYMENT | | |
| | NONE | | | | Per Diem | | |
| | | | | | Actual Expense | | |
| | | | | | Mileage or Trans. Allowances | | |
| | | | | | Reimbursable Expenses | | |
| 6. Long distance telephone calls are certified as necessary in the interest of the Government. | | | | APPROVING OFFICER (31 USC 680a) | | | |
| 7. TR'S/MTA'S/MTS (If none, so state) | | | | Total Entitlement | | | |
| NUMBER | FROM | TO | | 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: N/A days N/A hours taken between N/A and N/A | | | | 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 | | | |
| PENALTIES 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 swear and affirm that the amount due me. The statements on face, reverse, and back of this document are true and complete. Payment or credit has not been received. | | | | SIGNATURE OF CLAIMANT DATE | | | |
| 2 MARCH 1993 | | | | | | | |
| RECH. MUNICIPAL GENERAL 2 MAR 93 OTH-D T | | | | | | | |
| 16. COLLECTION DATA | | | | | | | |

REVIEWED BY

| | | | | |
|--|-------------------------------|---|------------------------------|--|
| 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/Lyric) GRADE/RANK SEN | | | | SUBVOUCHER NO. |
| CITY AND ZIP CODE (If none, so state) | | DUTY PHONE NO. 0 | | AGTX-OTM-D |
| | | 512/465-5113 | | 26 MAR 1993 RECEIVED |
| ORGANIZATION AND STATION | | | | AGTX-OTM-D |
| CO D, 249TH MSB, PO BOX 5218, (CAMP MABRY), AUSTIN TX | | | | 29 MAR 1993 SUBMITTED |
| TRAVEL ORDERS (Paragraph, S.O. No. Leasing HQ., Date) (Include amending orders) | | | | Delay - Voucher was Sent Directly to USPFO COMPUTATIONS Returned to CO for Review |
| 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) | | | | |
| DATE 19 93 | LOCAL TIME (24 Hour Clock) | PLACE Home, Office, Base, Activity, City and State, City and Country, etc.) | MODE OF TRAVEL GA | 2. COST OF LOGGING |
| 2/28 | DEP 1600 | Camp Mabry, Austin | TD | 0 0 0 |
| 2/28 | ARR 2400 | Waco, Texas | GA | 0 0 0 |
| 3/2 | DEP 1000 | | MC | 0 0 0 |
| 3/2 | ARR 1300 | Camp Mabry, Austin | TD | 0 0 0 |
| | DEP | | GA | 0 0 0 |
| | ARR | | MC | 0 0 0 |
| | DEP | | TD | 0 0 0 |
| | ARR | | GA | 0 0 0 |
| | DEP | | MC | 0 0 0 |
| | ARR | | TD | 0 0 0 |
| | DEP | | GA | 0 0 0 |
| | ARR | | MC | 0 0 0 |
| | DEP | | TD | 0 0 0 |
| | ARR | | GA | 0 0 0 |
| | DEP | | MC | 0 0 0 |
| | ARR | | TD | 0 0 0 |
| 5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24) | | | | |
| DATE | NATURE AND EXPLANATION | | AMT. CLAIMED | ALLOWED |
| | | | | |
| | | | | |
| | | | | |
| 6. Long distance telephone calls are certified as necessary in the interest of the Government. | | | | APPROVING OFFICER (31 USC 680a) |
| 7. TR3/MTA3/MT3 (If none, so state) | | | | SUMMARY OF PAYMENT |
| NUMBER | FROM | TO | Per Diem | |
| | NONE | | Actual Expense | |
| | | | Mileage or Transp Allowances | |
| | | | Reimbursable Expenses | |
| | | | Total Entitlement | |
| | | | Less Previous Payments | |
| | | | Less Voucher Deductions | |
| | | | Amt. Charged to Acctg. Class | |
| 8. LEAVE STATEMENT: days hours taken between | | | | 11. PAYMENT DESIRED |
| 9. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER | | | | <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH |
| 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.) | | | | 12. <input checked="" type="checkbox"/> PER DIEM REQUESTED |
| by claim any amount due me. The statements on face, reverse, and back are true and complete. Payment or credit has not been received. | | | | 13. BAS RATE |
| | | | | DATE 21 2 93 |
| 14. RATING CLASSIFICATION | | | | (4) |
| 15. COLLECTION DATA | | | | 17:11:10:11:11:11 |

Z 0012495

REVIEWED BY: [Redacted]

| | | | | | | |
|--|-------------------------------|---|---|---|-------------------------|--------------|
| I HAVE A 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 | | GRADE/RANK ESN | | DO VOUCHER NO. | | |
| LAST NAME-FIRST NAME-MIDDLE INITIAL (Print type) | | | | SUBVOUCHER NO. | | |
| CHECK MAILING ADDRESS (Include ZIP Code) | | DUTY PHONE NO. | | AGTX-OTM-D | | |
| 2) ORGANIZATION AND STATION HHC, 49th DISCOM, PO Box 5218 (Camp Mabry) Austin, Tx 78763-5218 | | 3) 465-5113 | | 4) 26 MAR 1993 RECEIVED | | |
| TRAVEL ORDERS (Paragraph, S.O. No. Leading HQ., Date) (Include amending orders) | | AGTX Orders 042-222, dtd 3 Mar 93 | | 5) AGTX-OTM-D | | |
| PRIORITY TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so list) | | 6) NONE | | 7) 29 MAR 1993 SUBMITTED | | |
| ITINERARY (See Item 23 for Symbols) | | 8. NUMBER OF MEALS | | 9) Delay: voucher sent directly to USPFO COMPUTATIONS | | |
| DATE 1993 | LOCAL TIME (24 Hour Clock) | PLACE Home, Office, Base, Activity, City and State, City and Country, etc.) | 90% MILES TRAVEL HOME WORK REASON FOR TRAVEL | 10% COST OF LODGING | GOVT DED. OPEN MEALS | POC MILES |
| 2/28 | DEP 1600 | Camp Mabry, Austin | GA | | | |
| 2/28 | ARR 2400 | Waco, Texas | TD | 0 | 0 | |
| 3/2 | DEP 1000 | | GA | | 0 | |
| 3/2 | ARR 1300 | Camp Mabry, Austin | MC | 0 | 0 | |
| | DEP | | | | | |
| | ARR | | | | | |
| | DEP | | | | | |
| | ARR | | | | | |
| | DEP | | | | | |
| | ARR | | | | | |
| | DEP | | | | | |
| | ARR | | | | | |
| | DEP | | | | | |
| | ARR | | | | | |
| | DEP | | | | | |
| | ARR | | | | | |
| | DEP | | | | | |
| | ARR | | | | | |
| 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 (JS USC 680a) | | | | |
| 7. TRS/MTS/MTS (If none, so state) | | Total Entitlement | | | | |
| NUMBER | FROM | TO | Less Previous Payments | | | |
| | NONE | | Less Voucher Deductions | | | |
| | | | Amt. Charged to Acctg. Class | | | |
| 8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____ | | 11. PAYMENT DESIRED | | | | |
| 9. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER | | <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH | | | | |
| 12. <input checked="" type="checkbox"/> PER DIEM REQUESTED | | | | | | |
| 13. BAS RATE | | | | | | |
| 14. SIGNATURE DECLAIMANT DATE 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. | | | | | | |
| 15. RATING CLASSIFICATION | | | | | | |
| 16. COLLECTION DATA | | | | | | |

Z 0017760

02 Mar 93

ADSAN

| TRAVEL VOUCHER OR SUBVOUCHER | | (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil) | | | | FOR DO USE ONLY | |
|---|---|---|--|----------------------|---|-----------------------|------------------------------------|
| READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM. | | | | | | DO VOUCHER NO. | |
| AE - FIRST NAME - MIDDLE INITIAL (Print Type) | | GRADE/RANK | | SSN | | SUBVOUCHER NO. | |
| CHECK MAILING ADDRESS (Include ZIP Code) | | DUTY PHONE NO. | | | | AGTX-OTM-D | |
| ORGANIZATION AND STATION Det 1 Co E 149 Reg Austin, Texas | | 5593 | | | | 02 MAR 1993 RECEIVED | |
| TRAVEL ORDERS (Paragraph, S.O. No., Issuing HQ, Date)/Include amending orders) 040-071 AGTX-CO 1 Mar 93 | | | | | | | |
| PRIORITY TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state.) None | | | | | | | |
| ITINERARY (See Item 25 for Symbols) | | | | | | | |
| DATE | LOCAL TIME (24 Hour Clock) | PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | DE LOCAL TIME | REG LOCAL TIME | COST OF LODGING | 3. NUMBER OF MEALS | 4. POC OPEN MESS MILES |
| 1893 | DEP 1100 | AUSTIN, TEXAS | GP | | | | |
| 17FEB | ARR 1500 | LACO, TEXAS | GP | TD | 76.50 | 10 | 0 |
| 18FEB | DEP 1700 | AUSTIN, TEXAS | GP | | | | |
| 19FEB | ARR 1815 | AUSTIN, TEXAS | GP | | | | |
| 20FEB | DEP | AUSTIN, TEXAS | GP | | | | |
| 21FEB | ARR | | GP | | | | |
| 22FEB | DEP | | GP | | | | |
| 23FEB | ARR | | GP | | | | |
| 24FEB | DEP | | GP | | | | |
| 25FEB | ARR | | GP | | | | |
| 26FEB | DEP | | GP | | | | |
| 27FEB | ARR | | GP | | | | |
| 28FEB | DEP | | GP | | | | |
| 29FEB | ARR | | GP | | | | |
| REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS * (See Item 24) | | | | | | | |
| DATE | NATURE AND EXPLANATION | | AMT. CLAIMED | ALLOWED | COMPUTATIONS | | |
| | None | | | | 2 NIGHTS @ 38.00 | | |
| 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 | | | | | | | |
| 12. <input type="checkbox"/> PER DIEM REQUESTED. | | | | | | | |
| 13. BAS RATE | | | | | | | |
| 14. SIGNATURE OF | | | | | | | |
| 15. PAYMENT CLASSIFICATION | | | | | | | |
| 16. COLLECTION DATA | | | | | | | |
| 17. COMPUTED BY | 18. AUDITED BY | 19. TFL RCRD POSTED BY | 20. RECEIVED /Payee signature and date or check no./ | | | | 21. AMOUNT PAID |
| DD FORM 1 JUL 65 1351-2 | EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED. | | | | Exception to SF 1012 and 1012a approved by NARS, GSA April 1978. | | |

AOSU

Agec. Tex Al

| 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. | | | | | |
| NAME - FIRST NAME - MIDDLE INITIAL (Print Type) | | GRADE/RANK | | SSN | |
| CHECK MAILING ADDRESS (Include ZIP Code) | | | DUTY PHONE NO. | | |
| ORGANIZATION AND STATION 14HC, ANN BDE 2001/ES151 AUSTIN, TX 78723 | | | 512 495-9233 | | |
| TRAVEL ORDERS (Paragraph, S.O. No., Issuing HQ, Date, include amending orders) 0492-19A2 DATED 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 TRAVEL | 3. NUMBER OF MEALS |
| 19 93 | | | TD | GOVT OF S LODGING | POC OPEN MESS DED |
| 27FEB | DEP 0900 | AUSTIN, TX | GP | | |
| 27FEB | ARR 1230 | WACO, TX | GP | 38 ⁰⁰ | |
| 28FEB | DEP 1130 | | MC | | |
| 28FEB | ARR 1730 | AUSTIN, TX | GP | | |
| | DEP | | | | |
| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |
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| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |
| 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 | | | | | |
| 11. PAYMENT DESIRED | | | | | |
| <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH | | | | | |
| 8. LEAVE STATEMENT days hours taken between and | | | | | |
| 9. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER | | | | | |
| 10. PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE | | | | | |
| → I hereby claim any amount due me. The statements on face, reverse, attached are true and complete. Payment or credit has not been received. | | | | | |
| 15. ACCOUNTING CLASSIFICATION | | | | | |
| 16. COLLECTION DATA | | | | | |
| 17. COMPUTED BY | | 18. AUDITED BY | | 19. TFL RCRD POSTED BY | |
| 20. RECEIVED (Payee signature and date or check no.) | | | | | |
| 21. AMOUNT PAID | | | | | |

DD FORM 1 UN 78 1351-2

EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

*Exception to SF 1012 and 1012a
approved by NARS, GSA April 1978.*

98A0000

AGTX-SL (710-2e)
SUBJECT: Authority to Loan Federal Property for the USPFO for
Texas

4. POC at this activity is [REDACTED] DSN: 954-5073, Commercial
(512) 465-5073.

[REDACTED]
2) COL, NGB
USPFO For Texas

DISTRIBUTION:

AGTX-A
AGTC-M
AGTX-OTM
[REDACTED]

3) CF:
Trp Cmd
AGTX-L

*** WHEN USED AS A:**

HAND RECEIPT. enter Hand Receipt Annex Number

MAN RECENT FOR QUANTITATIVE METHODS AND Content Cognit

MAN RECEIVED AMERICAN CITIZENSHIP IN 1865

DA FORM 2002

HAND RECEIPT/ANNEX NUMBER
 For use of this form, see DA PAM 710-2-1.
 The proponent agency is ODCSLOG.

PRO
TO:

AG-73 - C.D

TO:
FBI

HAND RECEIPT
ANNEX

NUMBER

Z

0008178

ITEM
ONLY
ANNEX
ONLY

BUD ITEM STOCK NUMBER

ITEM DESCRIPTION

PUBLICATION DATE

QUANTITY

| STOCK NUMBER a. | ITEM DESCRIPTION b. | # c. | SEC d. | U e. | QTY f. | ON g. ALM | QUANTITY h. |
|--------------------|------------------------|---------|-----------|---------|-----------|-----------------|----------------|
| | SAR D BAG, Desert | | | | 540 4 | Y | 4 |
| | Under Shirt, Brown | | | | EP 4 | Y | 4 |

(393)

| |
|--------------|
| DA FORM 2062 |
| 0000280 |

* WHEN USED AS A:

- HAND RECEIPT, enter Hand Receipt Annex Number
- HAND RECEIPT FOR QUARTERS FURNITURE, enter Condition Codes
- HAND RECEIPT ANNEX/COMPONENTS RECEIPT, enter Accounting Requirements Code (ARC).