

# TRAVEL ORDER

12 Apr. 62

PCS INVITATIONAL FE 432-62

NAME: **JAMES P O'CONNELL** Security Officer

OFFICIAL STATION: **Okinawa, R. I.** OFFICE PHONE: **5660** GRADE: **GS-15**

SERVICE TRAVEL ORDER NO.

YOU ARE AUTHORIZED TO TRAVEL AND INCUR NECESSARY EXPENSES IN ACCORDANCE WITH REGULATIONS. THIS TRAVEL OR CHANGE OF OFFICIAL STATION, IF SO DESIGNATED, IS MADE FOR OFFICIAL PURPOSES AND NOT FOR YOUR PERSONAL CONVENIENCE.

ITINERARY, MODE OF TRAVEL AND PURPOSE: **Washington, D. C. to Okinawa, R. I. PCS.**

Planned itinerary: **Washington, D. C. to New York (POE) to Washington, D. C. to Florida (5 days A/L) to San Francisco, Calif., to Okinawa PCS.**

Mode of travel: **Air, Rail, Sea, POV.**

Purpose: **PCS**

Time and costs in excess of direct route as authorized above chargeable to traveler.

TRAVEL DURATION		PER DIEM ALLOWANCE		AUTOMOBILE ALLOWANCE	
BEGIN	END	DOMESTIC	FOREIGN	CENTS PER MI. NOT TO EXCEED COST BY COM. MON. CARRIER	CENTS PER MI. AS MORE ADVANTAGEOUS TO GOVT.
12 Jan	17 Apr		<input checked="" type="checkbox"/> MAXIMUM		

ALLOWANCES AND SPECIAL PROVISIONS WITH REASONS:

when traveling with dependents or to POE.

Authorize shipment of HHL from: **826 Whispering Lane, Falls Church, Va.**

Authorize shipment of POV, Model 1959 Ford.

DEPENDENT TRAVEL AUTHORIZED			PROCURE TRANSPORTATION BY		ESTIMATED COST TRAVEL
NAME	DATE OF BIRTH	RELATIONSHIP	TRANSPORTATION REQUEST	CASH OR OTHER	
Virginia P.	18 Jan '46	wife			\$6500.00
Maureen	22 April '42	daughter			
Virginia D.	26 Feb '46	daughter			I CERTIFY FUNDS ARE AVAILABLE
James P.	17 Aug '47	son	<input checked="" type="checkbox"/> SHIPMENT	<input checked="" type="checkbox"/> NONTEMPORARY STORAGE	
John D.	4 Jan '54	son	<input checked="" type="checkbox"/> SHIPMENT	<input checked="" type="checkbox"/> ECA AUTHORIZED	
			EXCESS BAGGAGE AUTHORIZED		OBLIGATION REFERENCE NO.
			ACCOMPANIED	UNACCOMPANIED	2-1765
			LBS. AND MODE	LBS. AND MODE	CHARGE COST CENTER NO.
					2137-7000-3361

ACCOMPANY TRAVELER

FOLLOW WITHIN 6 MONTHS

ADVANCE RETURN

ADVANCE OF FUNDS REQUESTED: YES / NO

ACCOUNTING DUE DATE

SIGNATURE OF S & F OFFICER: *Wm. Kenneth A. Anderson*

COORDINATION			REQUESTING OFFICIAL	
SIGNATURE	TITLE & COMPONENT	DATE	TYPED NAME AND TITLE	COMPONENT
<i>A. [Signature]</i>	MCB/CCG	13 Apr 62	William P. Vance	CFE/Support
			<i>[Signature]</i>	DATE: 13 Apr 62
			Desmond Fitzgerald	CFE
			<i>[Signature]</i>	DATE