

TRANSMITTAL SLIP		
6/8 (Date)		
TO: <i>Mr Swendeman</i>		
BUILDING	ROOM NO.	
REMARKS: <i>Subject was scheduled to travel 7 June to (Saigon) ¹³² If he goes I would arrangement will be made by Major Sullivan. Subject's file reflects that French Intelligence source in Indo-China sought his service twice in 1945 when he was stationed there.</i>		
FROM: <i>Vince</i>		
BUILDING	ROOM NO.	EXTENSION

FORM NO. 36-8
SEP 1946

VPV

OVERSEAS PROCESSING SHEET

SUBJECT Concin, Lucien Emile No. 5025

Title and Grade Area Ops Off, Major 4SA Office & Division FE

Estimated date of travel _____ TDY PCS

Destination (Saigon) 13-2 Cover for one year

Itinerary True Military

SECURITY FACTORS

Item	Action Initiated	Completed
1. Date of polygraph	<u>14 Sept 53</u>	
2. Clearances:		
<input type="checkbox"/> CRYPTO		
<input type="checkbox"/> SI		
<input type="checkbox"/> Q		
<input type="checkbox"/> Certification		
<input type="checkbox"/> Concurrence - ?	<u>file fwd to RCS</u>	

3. Flags: _____

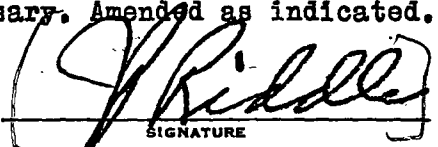
4. Other: Subject was scheduled for 7 June checkouts. Price indicates that MPD will handle travel and they state there is a strong possibility he will not travel.

Information regarding travel obtained from File

Processing Sheet completed by Luddy Date _____

470

5025

TRAVEL ORDER		OFFICE TRAVEL ORDER NO. TR 103-24
NAME LUCIEN E. CONEIN		ALLOTMENT ACCOUNT SYMBOL ADMIN EXP/103-24
OFFICE PHONE 325	GRADE AND SALARY MAJ. GEN.	
TITLE Area Ops. Officer	OFFICIAL STATION (Foreign Indonesia) 13-2	
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY Travel authorized from Washington D. C. to (Foreign, Indonesia) 13-2		
PURPOSE For PCS (Subject will be under USAID cover which only allows subject to remain in Indonesia one year. His PCS tour will therefore be one year.)		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION) 13-2 Authorized 150 lbs. operational excess baggage. Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized. Subject will be (under USAID cover.) 32		
COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE) <input type="checkbox"/> DD/P <input type="checkbox"/> OTHER OPERATIONAL AREAS <input type="checkbox"/> THEATER CLEARANCE (IF OBTAINABLE)		
Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized.		ESTIMATED COST OF TRAVEL \$ 100.00
TRAVEL TO BEGIN ON OR ABOUT 1 June 1954	TERMINATING APPROXIMATELY arrived at PCS	CERTIFICATION (BY PROCESSING BRANCH) Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated. 03  SIGNATURE
MODE OF TRAVEL (SPECIFY) Air - all sea		
ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE AS FOLLOWS IF APPLICABLE <input type="checkbox"/> (A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER. <input type="checkbox"/> (B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.		
<input checked="" type="checkbox"/> THE CHANGE OF OFFICIAL STATION INDICATED IS EFFECTED IN THE INTEREST OF THE GOVERNMENT AND NOT FOR YOUR PERSONAL CONVENIENCE. IN CONNECTION WITH CHANGE OF STATION, YOU ARE AUTHORIZED TO TRANSPORT YOUR IMMEDIATE FAMILY, YOUR HOUSEHOLD GOODS, PERSONAL EFFECTS, SUBJECT TO WEIGHT LIMITS, RESTRICTIONS AND PROVISIONS AS SET FORTH IN AGENCY REGULATIONS. <input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. Military orders required by MFD: 28 May 54 <input type="checkbox"/> DEPENDENTS TO TRAVEL WITH EMPLOYEE. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE. <input type="checkbox"/> TEMPORARY DUTY.		
NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE) I. Harrells, FE/CPI Gerden H. Stewart, CPI		SIGNATURE OF AUTHORIZING OFFICIAL FR D. E. TOWELL, CAPT., AGC

51/PJ

SECRET 5025

<p style="text-align: center;">TRAVEL ORDER</p> <p>30 April 1954 <u>CANCELLATION</u></p>		OFFICE TRAVEL ORDER NO. <i>1-164/24 02.</i>
		ALLOTMENT ACCOUNT SYMBOL <i>(1-164-24-13)</i>
NAME Lucian F. COYNE <i>Coyne</i>	OFFICE PHONE 872	GRADE AND SALARY Major - USA
TITLE Intelligence Officer	OFFICIAL STATION Washington, D. C.	
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY Washington, D. C. to Athens, Greece to ¹⁵⁻²⁰ (Frankfurt, Germany) and return to Washington, D. C.		
PURPOSE		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION) This cancels the original order and Amendment # 1 in their entirety.		
COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE) <input type="checkbox"/> DD/P <input type="checkbox"/> OTHER OPERATIONAL AREAS <input type="checkbox"/> THEATER CLEARANCE (IF OBTAINABLE)		
Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized.		ESTIMATED COST OF TRAVEL \$
TRAVEL TO BEGIN ON OR ABOUT	TERMINATING APPROXIMATELY	CERTIFICATION (BY PROCESSING BRANCH) Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated. <i>03 (M.F. Sedwick)</i> SIGNATURE
MODE OF TRAVEL (SPECIFY)		
ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE AS FOLLOWS IF APPLICABLE <input type="checkbox"/> (A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER. <input type="checkbox"/> (B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.		
<input type="checkbox"/> THE CHANGE OF OFFICIAL STATION INDICATED IS EFFECTED IN THE INTEREST OF THE GOVERNMENT AND NOT FOR YOUR PERSONAL CONVENIENCE. <input type="checkbox"/> IN CONNECTION WITH CHANGE OF STATION, YOU ARE AUTHORIZED TO TRANSPORT YOUR IMMEDIATE FAMILY, YOUR HOUSEHOLD GOODS, PERSONAL EFFECTS, SUBJECT TO WEIGHT LIMITS, RESTRICTIONS AND PROVISIONS AS SET FORTH IN AGENCY REGULATIONS. <input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITH EMPLOYEE. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE. <input type="checkbox"/> TEMPORARY DUTY.		
NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE) <i>(Frank N. Chapin)</i> ⁰³ <i>RE/ASST</i>		Noted by KPD: 13 May 54 FRED M. S. OWELL, CAPT., AGC _____ (DATE) SIGNATURE OF AUTHORIZING OFFICIAL

SECRET

3/PW

SECRET

5025

TRAVEL ORDER		OFFICE TRAVEL ORDER NO. <i>01-166/4, amend #1</i>
<i>26 April 1954</i>		ALLOTMENT ACCOUNT SYMBOL <i>DDPCS (1-217-1-01)</i>
NAME Lucian E. CHASE	OFFICE PHONE 672	GRADE AND SALARY Major - USA
TITLE Intelligence Officer	OFFICIAL STATION Washington, D. C.	
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY <i>15-20</i> Washington, D. C. to Athens, Greece to Frankfurt, Germany and return to Washington, D. C.		
		I CERTIFY THAT FUNDS ARE AVAILABLE: OBLIGATION REFERENCE No. _____
PURPOSE		CHARGE TO ALLOTMENT No. _____
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION)		AUTHORIZING OFFICER
Inasmuch as early tourist flight accommodations are available to the traveler, excess baggage is authorized up to a total weight allowance for the traveler of 66 lbs.		
COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE)		
<input type="checkbox"/> DD/P <input type="checkbox"/> OTHER OPERATIONAL AREAS <input type="checkbox"/> THEATER CLEARANCE (IF OBTAINABLE)		
Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized.		ESTIMATED COST OF TRAVEL \$ 52.00 <i>additional</i>
TRAVEL TO BEGIN ON OR ABOUT	TERMINATING APPROXIMATELY	CERTIFICATION (BY PROCESSING BRANCH) Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated. <i>03</i> (Dmudman) SIGNATURE
MODE OF TRAVEL (SPECIFY)		
ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE AS FOLLOWS IF APPLICABLE		
<input type="checkbox"/> (A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER. <input type="checkbox"/> (B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.		
<input type="checkbox"/> THE CHANGE OF OFFICIAL STATION INDICATED IS EFFECTED IN THE INTEREST OF THE GOVERNMENT AND NOT FOR YOUR PERSONAL CONVENIENCE. <input type="checkbox"/> IN CONNECTION WITH CHANGE OF STATION, YOU ARE AUTHORIZED TO TRANSPORT YOUR IMMEDIATE FAMILY, YOUR HOUSEHOLD GOODS, PERSONAL EFFECTS, SUBJECT TO WEIGHT LIMITS, RESTRICTIONS AND PROVISIONS AS SET FORTH IN AGENCY REGULATIONS. <input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITH EMPLOYEE. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE. <input type="checkbox"/> TEMPORARY DUTY.		
NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE)		(DATE)
<i>03</i> (Frank E. Chapin) SE ADLIS		SIGNATURE OF AUTHORIZING OFFICIAL

Noted by RFD: 11 May 1954
FRANK E. STEWELL, CAPT., AGC

SECRET

3/170

FILE-8

OVERSEAS PROCESSING SHEET

SUBJECT Conlin, Lucian C. No. 5025

Title and Grade Major U.S.A. Office & Division DDP/SE

Estimated date of travel 3 May 54 TDY PCS

Destination A-G and F-G Cover

Itinerary _____

SECURITY FACTORS

Item	Action Initiated	Completed
1. Date of polygraph	<u>14 Sept 53</u>	
2. Clearances:	<i>[Handwritten signature]</i>	
<input type="checkbox"/> CRYPTO		
<input type="checkbox"/> SI		
<input type="checkbox"/> Q		
<input type="checkbox"/> Certification		
<input type="checkbox"/> Concurrence		

3. Flags: _____


4. Other: None

Information regarding travel obtained from File and Price

Processing Sheet completed by J/S Gaddy Date 4/28/54

SECRET

5025

TRAVEL ORDER		OFFICE TRAVEL ORDER NO. EE-106/94
13 April 1954		ALLOTMENT ACCOUNT SYMBOL COMS (A-321-1-01)
NAME Lucien E. COMBS	OFFICE PHONE 671	GRADE AND SALARY Major - USA
TITLE Intelligence Officer	OFFICIAL STATION Washington, D. C.	
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY Washington, D. C. to Athens, Greece to (Frankfurt, Germany) and return to Washington, D. C. 15-20		
PURPOSE To confer on operational matters in connection with COMS.		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION) \$250.00 advance authorized. (Military cover) orders authorized. 32		
COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE) <input type="checkbox"/> DD/P <input type="checkbox"/> OTHER OPERATIONAL AREAS <input type="checkbox"/> THEATER CLEARANCE (IF OBTAINABLE)		
Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized.		ESTIMATED COST OF TRAVEL \$ 1,000.00
TRAVEL TO BEGIN ON OR ABOUT 15 Apr 54	TERMINATING APPROXIMATELY 21 May 54	CERTIFICATION (BY PROCESSING BRANCH) Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated.  SIGNATURE
MODE OF TRAVEL (SPECIFY) By Air		
ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE AS FOLLOWS IF APPLICABLE <input type="checkbox"/> (A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER. <input type="checkbox"/> (B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.		
<input type="checkbox"/> THE CHANGE OF OFFICIAL STATION INDICATED IS EFFECTED IN THE INTEREST OF THE GOVERNMENT AND NOT FOR YOUR PERSONAL CONVENIENCE. <input type="checkbox"/> IN CONNECTION WITH CHANGE OF STATION, YOU ARE AUTHORIZED TO TRANSPORT YOUR IMMEDIATE FAMILY, YOUR HOUSEHOLD GOODS, PERSONAL EFFECTS, SUBJECT TO WEIGHT LIMITS, RESTRICTIONS AND PROVISIONS AS SET FORTH IN AGENCY REGULATIONS. <input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITH EMPLOYEE. Military orders required by MED: 15 Apr 54 <input type="checkbox"/> DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE. <input type="checkbox"/> TEMPORARY DUTY.		
NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE) 03 (Frank E. Chapin) CE/ADMIN	FRED N. STOWELL, CAPT., AGC	
(DATE)	SIGNATURE OF AUTHORIZING OFFICIAL	

SECRET

3/PD

SECRET

VOUCHERED

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname) Lucien E. CONEIN	2. DATE OF BIRTH 29 Nov 1919	3. REQUEST NO. 281-53	4. DATE OF REQUEST 20 Oct 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment (Key Personnel)		6. EFFECTIVE DATE A. PROPOSED 15-29	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		APPROVED RECORDED CONTROL DESK	

FROM— Operations Officer (F) 15-1 Major USA DDP/SE (German Mission Nurnberg Ops. Base Nurnberg, Germany) 15-29	8. POSITION TITLE AND NUMBER	TO— Intell. Officer BD-49 Major USA DDP/SE SE/1 - (Albanian) Branch Office of the Chief Washington, D. C.
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	9. SERVICE, GRADE, AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Transfer 10 Vouchered Funds FROM Unvouchered Funds.

Concurrence: _____
EE Division

03 B. REQUESTED BY (Name and title) (JOSEPH BURK) SE/ADMIN	D. REQUEST APPROVED BY Signature: _____ Title: _____																		
03 C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) (ROBERT LUTINS) X-3965																			
13. VETERAN PREFERENCE <table border="1"> <tr> <th>NONE</th> <th>WWII</th> <th>OTHER</th> <th>5-PT.</th> <th>10-POINT</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>DISAB. OTHER</td> </tr> </table>	NONE	WWII	OTHER	5-PT.	10-POINT	<input checked="" type="checkbox"/>				DISAB. OTHER	14. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <th>NEW</th> <th>VICE</th> <th>I. A.</th> <th>REAL</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: right;">CD - FI</p>	NEW	VICE	I. A.	REAL				
NONE	WWII	OTHER	5-PT.	10-POINT															
<input checked="" type="checkbox"/>				DISAB. OTHER															
NEW	VICE	I. A.	REAL																
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 3130 - 55 - 017 TO: 4 - 3200 - 20	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) NO	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:														

21. STANDARD FORM 50 REMARKS

Security Approval has been granted for
 this request.
NOV 9 1953
 Personnel Security Branch
 5

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY

SECRET