

<b>TRANSMITTAL SLIP</b>		
6/8 (Date)		
TO: <i>Mr Swedman</i>		
BUILDING	ROOM NO.	
REMARKS: <i>Subject was scheduled to travel 7 June to [redacted]. If he goes travel arrangements will be made by Major Sullivan.</i> <i>Subject's file reflects that French Intelligence sources 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 USA Office & Division FE

Estimated date of travel \_\_\_\_\_

TDY

PCS

Destination   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 \_\_\_\_\_

5025

# TRAVEL ORDER

**LUCIEN E. CONEIN**

26 May 1954

OFFICE TRAVEL ORDER NO.

TR-103-24

ALLOTMENT ACCOUNT SYMBOL

4-1147-37-233

GRADE AND SALARY

MA-6 USA

NAME  
**JACQUES E. COEIN**

OFFICE PHONE

330

TITLE  
**Air Ops Officer**

OFFICIAL STATION

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

[Redacted]

13-2

PURPOSE

For PCS (Subject will be under DAIG cover which only allows subject to remain in [Redacted] one year. His PCS tour will therefore be one year.

SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION)

13-2

Authorized 150 lbs. operational excess baggage

~~Authorized 150 lbs. operational excess baggage~~

Subject will be

[Redacted]

32

COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE)

DD/P

OTHER OPERATIONAL AREAS

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

arrival 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

MODE OF TRAVEL (SPECIFY)  
**Air - all sea**

ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE AS FOLLOWS IF APPLICABLE

(A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER.

(B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.

THE CHANGE OF OFFICIAL STATION INDICATED IS EFFECTED IN THE INTEREST OF THE GOVERNMENT. 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.

TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED.

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 HFD: 28 May 54

DEPENDENTS TO TRAVEL WITH EMPLOYEE.

DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE.

TEMPORARY DUTY.

FR D. H. TOWELL, CAPT., HSC

NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE)

**K. Marceline FL/CPI  
Gordon H. Stewart CPI**

(DATE)

SIGNATURE OF AUTHORIZING OFFICIAL

5/PJ

SECRET 5025

<b>TRAVEL ORDER</b>		OFFICE TRAVEL ORDER NO. <i>1-11/2-54</i>
		ALLOTMENT ACCOUNT SYMBOL <i>1-11-54-10</i>
30 April 1954 <u>CANCELLATION</u>		
NAME <i>Lucien F. CORNIN</i> <i>Cornin</i>	OFFICE PHONE <i>272</i>	GRADE AND SALARY <i>Major - USA</i>
TITLE <i>Intelligence Officer</i>	OFFICIAL STATION <i>Washington, D. C.</i>	
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY  <i>Washington, D. C. to Athens, Greece to [redacted] and return to Washington, D. C.</i> <span style="float: right;"><i>15-20</i></span>		
PURPOSE		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION)  <i>This cancels the original order and Amendment # 1 in their entirety.</i>		
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) <i>Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated.</i>  <i>03</i> ( [redacted] )
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. 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>[redacted] 03</i> <i>SE/ASST</i>		<p style="text-align: right;"><i>Noted by MPD: 13 May 54</i></p> <p style="text-align: center;"><b>FRED M. STOWELL, CAPT., AGC</b></p>
(DATE)		SIGNATURE OF AUTHORIZING OFFICIAL

3/PJ

SECRET

5025

<b>TRAVEL ORDER</b>		OFFICE TRAVEL ORDER NO. <i>02-166/14, invad #1</i>
		ALLOTMENT ACCOUNT SYMBOL <i>020708 (1-211-1-01)</i>
DATE <i>26 April 1954</i>		
NAME <i>Laurian E. COHEN</i>	OFFICE PHONE <i>672</i>	GRADE AND SALARY <i>Major - USA</i>
TITLE <i>Intelligence Officer</i>	OFFICIAL STATION <i>Washington, D. C.</i>	
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY <i>Washington, D. C. to Athens, Greece to [redacted] and return to Washington, D. C.</i>		
I CERTIFY THAT FUNDS ARE AVAILABLE: OBLIGATION REFERENCE No. _____		
CHARGE TO ALLOTMENT No. _____		
PURPOSE		AUTHORIZING OFFICER
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION)		
<i>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.</i>		
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 <i>\$ 57.00 additional</i>
TRAVEL TO BEGIN ON OR ABOUT	TERMINATING APPROXIMATELY	CERTIFICATION (BY PROCESSING BRANCH) <i>Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated.</i>
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>[redacted] SENIOR</i>		
(DATE)		SIGNATURE OF AUTHORIZING OFFICIAL
		<i>Noted by HFD: 11 May 1954 FRANK E. STEWELL, CAPT., AGC</i>

SECRET

3/170

FILE-8

OVERSEAS PROCESSING SHEET

SUBJECT Corleia, 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 Pass

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

SECRET

5025

<b>TRAVEL ORDER</b>		OFFICE TRAVEL ORDER NO. EE-106/51
		ALLOTMENT ACCOUNT SYMBOL COMS (6-322-21-01)
13 April 1951		
NAME Lucien E. COMBS	OFFICE PHONE 671	GRADE AND SALARY Major - O-5A
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 <span style="border: 1px solid black; padding: 2px;">                    </span> and return to Washington, D. C. <span style="float: right;">15-20</span>		
PURPOSE To confer on operational matters in connection with COMS.		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION)  \$250.00 advance authorized.  <span style="border: 1px solid black; padding: 2px;">                    </span> 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 \$ 1000.00
TRAVEL TO BEGIN ON OR ABOUT 12 May 1951	TERMINATING APPROXIMATELY 12 May 1951	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 (SPECFY) 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. <b>Military orders required by MFD: 15 Apr 51</b> <input type="checkbox"/> DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE. <input type="checkbox"/> TEMPORARY DUTY.		
NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE)  <span style="border: 1px solid black; padding: 2px;">                    </span> 03      CE/ADMIN	FRED N. STOWELL, CAPT., AGC  _____ (DATE)      SIGNATURE OF AUTHORIZING OFFICIAL	

SECRET

3/PJ

**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) <b>Lucien E. COMEIN</b>	2. DATE OF BIRTH <b>29 Nov 1919</b>	3. REQUEST NO. <b>281-53</b>	4. DATE OF REQUEST <b>20 Oct 1953</b>
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5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment (Key Personnel)</b>	6. EFFECTIVE DATE A. PROPOSED <b>✓</b> B. APPROVED	7. C. S. OR OTHER LEGAL AUTHORITY
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B. POSITION (Specify whether establish, change grade or title, etc.)	<b>RECORDED CONTROL DESK</b>
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FROM— Operations Officer (F) 45-1 Major USA DDP/SE Mission [Redacted] 15-29	8. POSITION TITLE AND NUMBER	TO— Intell. Officer BD-49 Major USA DDP/SE SE/1 - [Redacted] Branch Office of the Chief Washington, D. C.
9. SERVICE, GRADE, AND SALARY	10. ORGANIZATIONAL DESIGNATIONS	11. HEADQUARTERS
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	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

B. REQUESTED BY (Name and title) [Redacted] SE/ADMIN	D. REQUEST APPROVED BY Signature: _____ Title: _____
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) [Redacted] 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></td> </tr> <tr> <td></td> <td></td> <td></td> <td>DISAB.</td> <td>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>L. A.</th> <th>REAL</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: right;"><b>CD - FI</b></p>	NEW	VICE	L. A.	REAL				
NONE	WWII	OTHER	5-PT.	10-POINT																				
<input checked="" type="checkbox"/>																								
			DISAB.	OTHER																				
NEW	VICE	L. A.	REAL																					

15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION FROM: <b>3130 - 55 - 017</b> TO: <b>4 - 3200 - 20</b>	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) <b>NO</b>	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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21. STANDARD FORM 50 REMARKS

Security Approval has been granted for this request.  
 [Signature] NOV 9 1953  
 S

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

F. APPROVED BY

**SECRET**

16-57230

5/12