

TRAVEL ORDER

12 Apr. 62

PCS
INVITATIONAL

FE 432-62

NAME JAMES P O'CONNELL	Security Officer	SERVICE TRAVEL ORDER NO.
OFFICIAL STATION Okinawa, R. I	OFFICE PHONE 5660	GRADE GS-15

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	MAXIMUM	OTHER (See below)	CENTS PER MI. NOT TO EXCEED COST BY CAR OR MON. CARRIER	CENTS PER MI. AS MORE ADVANTAGEOUS TO GOVT.
12 Jun	17 Oct						

ALLOWANCES AND SPECIAL PROVISIONS WITH REASONS
 Authorize shipment of NHE from: 826 Whispering Land, Falls Church, Va. when traveling with dependents or to POE.
 Authorize shipment of POV, Model 1959 Ford.

RECEIVED
11 27 PM '62

DEPENDENT TRAVEL AUTHORIZED			PROCURE TRANSPORTATION BY		ESTIMATED COST OF TRAVEL \$6500.00
NAME	DATE OF BIRTH	RELATIONSHIP	TRANSPORTATION REQUEST	CASH OR OTHER	
Virginia P.	18 Jan 16	wife			I CERTIFY FUNDS ARE AVAILABLE OBLIGATION REFERENCE NO. 2-1765 CHARGE COST CENTER NO. 2137-7000-3361
Maureen	22 Apr 42	daugh			
Virginia D.	26 Feb 46	daugh			
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 POA AUTHORIZED		
			EXCESS BAGGAGE AUTHORIZED		
			ACCOMPANIED / UNACCOMPANIED		
			LBS. AND MODE		
<input checked="" type="checkbox"/> ACCOMPANY TRAVELER			ADVANCE OF FUNDS REQUESTED		DATE
<input type="checkbox"/> FOLLOW WITHIN 6 MONTHS			YES		ACCOUNTING BUR. DATE
<input type="checkbox"/> ADVANCE RETURN			NO		

COORDINATION			REQUESTING OFFICIAL		
SIGNATURE	TITLE & COMPONENT	DATE	TYPED NAME AND TITLE	COMPONENT	DATE
<i>A. W. G.</i>	MCB/CCG	13 Apr 62	William E. Vance	CRK/Support	
			SIGNATURE	DATE	
			<i>[Signature]</i>	13 Apr 62	
			AUTHORIZING OFFICIAL		
			TYPED NAME AND TITLE	COMPONENT	DATE
			Desmond Fitzgerald	CRK	
			SIGNATURE	DATE	
			<i>[Signature]</i>		

FORM 540 OBSOLETE PREVIOUS EDITIONS
 MFG. 3-60

55383
 66483

S-E-C-R-E-T