

\$2735


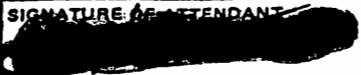
FUEL USE Summary (CORRECT)

(Cont.)	DATE	FBI	ATF
From PAGE 2	21 MAR	<u>4699</u>	<u>125</u>
			34
			<u>95</u>
	22 MAR	<u>4833</u>	<u>220</u>
		174	274
	23 MAR	<u>5007</u>	274
		261	<u>23</u>
	24 MAR	<u>5268</u>	297
		215	<u>22</u>
	25 MAR	<u>5483</u>	319
		174	
	26 MAR	<u>5657</u>	319
		177	70
	27 MAR	<u>5834</u>	<u>389</u>
		103	
	28 MAR	<u>5940</u>	389
		160	<u>52</u>
	29 MAR	<u>6100</u>	5
		99	97
	30 MAR	<u>6199</u>	<u>608</u>
	31 MAR	<u>6294</u>	<u>28</u>
			636
	01 Apr	<u>6565</u>	57
		271	<u>693</u>
	02 Apr	<u>6742</u>	74
		177	<u>767</u>
	03 Apr	<u>6894</u>	94
		152	<u>861</u>

DAILY ISSUES OF PETROLEUM PRODUCTS

For use of this form, see AR 703-1; the proponent agency is DCSLOG

D2769

VEHICLE USA REGISTRATION NUMBER	TYPE, GRADE AND UNIT OF ISSUES FOR EACH PRODUCT ISSUED						ORGANIZATION AND ADDRESS <i>(Indicate Service: A, Army; AF, Air Force; N, Navy; M, Marine Corps)</i>	SIGNATURE, GRADE
	ISSUES	ISSUES	ISSUES	ISSUES	ISSUES	ISSUES		
2AA01221	PI-566						I16B m.2	
2AA02016	7						I12B m.2	
2AA01175	19						I5A m.2	
2AA01180	38						I14B m.2	
2AA01173	23						I4A m.2	
NG-7706	16						MAES	
2AA01222	99						I17B m.2	
GEN	14						Active Army	
05D82270	50						Xm818	
TOTAL RECEIPTS	X	X	X	X	X	X		
TOTAL ISSUES	279							
POST, CAMP OR STATION				DATE	SIGNATURE OF ATTENDANT			
				21 MAR 93				

ROOM NO. **20**
 NO. OF GUESTS **2**

Everyday Inn

1008 E. CREST
 Waco, Texas 76705

No 56099

Date **3-21-1993**

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)
 NAME **[REDACTED]**
 ADDRESS **[REDACTED]**
 CITY & STATE **[REDACTED]** CAR - YEAR MAKE LICENSE NUMBER
 GUEST SIGNATURE _____ REPRESENTATIVE OF _____

Payable by cash in advance

DATE	ROOM NO.	NO GUESTS	ROOM CHARGE		TAX	OTHER		TOTAL CHARGES	PAID ON ACCOUNT	BALANCE DUE	CR /	PREVIOUS BALANCE	CR /
			NO. DAYS	AMOUNT		L.D.	LOCAL						
3-21	19		1	10.00									
22				10.00									
23				10.00									
24				10.00									
25				10.00									
26				10.00									
27			7	10.00				70.56	70.56				

EXPLANATION OF OTHER CHARGES
 A. _____ C. *Guest's*
 B. _____ D. *Last name*

NO. OF GUESTS **20**

Everyday Inn

1008 E. CREST
Waco, Texas 76705

NO 56100

Date 3-21- 19 93

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

1. **[REDACTED]**

2. **[REDACTED]**

Payable by
cash in advance

3. **[REDACTED]**

CAR YEAR MAKE

LICENSE NUMBER

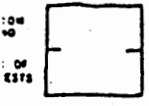
4. EST. NATURE REPRESENTATIVE OF

DATE	ROOM NO.	NO. GUESTS	ROOM CHARGE		TAX	ARRIVAL	AM PM	DEPARTURE	AM PM	TOTAL CHARGES	PAID ON ACCOUNT	BALANCE DUE	CR ✓	PREVIOUS BALANCE	CR ✓
			NO. DAYS	AMOUNT											
21	20			10.00											
22				10.00											
23				10.00											
24				10.00											
25				10.00											
26				00.00											
27			7	00.00						70.56	70.56				

EXPLANATION OF OTHER CHARGES

- 1. C.
- 2. D.

Guest's Last name _____



Everyday Inn

1008 E. CREST
Waco, Texas 76705

NO 56101

Date 3-21-1973

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

[Redacted Name]

Payable by
cash in advance

ESS
CAR. YEAR MAKE LICENSE NUMBER

ATURE REPRESENTATIVE OF

RATE	ROOM NO	CLERK	ARRIVAL	AM PM	DEPARTURE	AM PM	ROOM CHARGE		TAX	OTHER		TOTAL CHARGES	PAID ON ACCOUNT	BALANCE DUE	CR /	PREVIOUS BALANCE	CR /
							NO DAYS	AMOUNT		L. D.	LOCAL						
	19							10.00									
								10.00									
								10.00									
								10.00									
								10.00									
								10.00									
								10.00									
								7	10.00			70.56	70.56				

CHARGES
C. Guest's
D. Last name _____

ROOM NO
19
NO OF GUESTS

Everyday Inn
1008 E. CREST
Waco, Texas 76705

No 56102
Date 3-21-1993

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

NAME [REDACTED]
ADDRESS Payable by cash in advance

CITY & STATE CAR YEAR MAKE LICENSE NUMBER

GUEST SIGNATURE REPRESENTATIVE OF

DATE	ROOM NO	NO GUESTS	ROOM CHARGE		TAX	OTHER		TOTAL CHARGES	PAID ON ACCOUNT	BALANCE DUE	CR ✓	PREVIOUS BALANCE	CR ✓
			NO DAYS	AMOUNT		L.D.	LOCAL						
3-21	19			10.08									
22				10.08									
23				10.08									
24				10.08									
25				10.08									
26				10.08									
27		7		10.08				70.56	70.56				

EXPLANATION OF OTHER CHARGES
A. C. Guest's Last name
B. D.

MEMORANDUM

TO: HRT REAR TOC PERSONNEL
FROM: 1) [REDACTED]
SUBJECT: MEDICAL ACTION CHECK LIST

DATE: 3/21/93

2) [REDACTED]

3) 799-2378
4) [REDACTED]

MEDICAL ACTION CHECK LIST

The following actions are to be taken by the HRT Rear TOC at the initiation of tactical intervention at the crisis site:

1. Change Admin Radio to Primary Medical Channel A-W-12.
2. Notify AMT (American Medical Transport) action has been initiated. AMT will send available ambulances to staging area on a non-emergency basis. Telephone number 817/754-0355 (communications) Supervisor BRUMM (h) 751-1309, (mobil) 744-1471.

3. Place below listed hospitals on stand-by:

<u>Local Hospitals</u>	<u>Telephone Numbers</u>
HILLCREST HOSPITAL, Waco	756-8611
PROVIDENCE MEDICAL CENTER, Waco	751-4180
SCOTT AND WHITE HOSPITAL, Temple	744-2222

<u>Secondary Hospitals</u>	<u>Telephone Numbers</u>
PARKLAND HOSPITAL, Dallas	214/590-8848
COOK FT. WORTH CHILDREN'S MEDICAL CENTER, Ft. Worth	817/885-4093

4. Dispatch FBI Helos as requested on A-W-12 for medevac.
5. Place below listed air medevac response groups on stand-by:

Care Flight	817/882-4000
Star Flight	1-800/531-7827
6. Notify Care Flight and Star Flight to respond to the secure LZ (2491 and Elk Road) if requested.
7. Notify hospitals of incoming casualties if requested.

5) [REDACTED] 6) [REDACTED]
7) [REDACTED] 8) [REDACTED] (PLS. MAINTAIN AT MEDICAL TOC)
9) [REDACTED]
2) [REDACTED]



IH 35 @ BAYLOR UNIVERSITY PO BOX 174
 WACO, TEXAS 76703
 (817) 753-0316 FAX (817) 753-3811
 RESERVATIONS 1 800 299-WACO (9226)

GUEST
 FOLIO

BALANCE DUE	.00
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ARRIVE NGTS DEPART
 SUN MAR21, 93 01 MON MAR22, 93

ROOM MKT S/A # T/A #
 122 GM

TYPE A K R C E D M
 QQ 1

NAME / ADDRESS

[REDACTED]
 TX CD
 [REDACTED]
 SAN ANTONIO
 78237 USA TX

GIUBY DS

LINE	DATE	DESCRIPTION	REFERENCE	AMOUNT	ID
1	MAR21	ROOM	Rm 122E	38.00+	NA
2	MAR22	ROOM	MAR21	10.00+	S1
3	MAR22	DISCOVER		48.00-	S1

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Have a safe trip!

HHSUN

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)				76 789	
MAILING ADDRESS (Include ZIP Code)				SUBVOUCHER NO.	
ORGANIZATION AND STATION				PAID BY	
110 TXANG PO Box 5218 Austin TX 78763				Accounts of ACCOUNTING & FINANCE OFFICE	
TRAVEL ORDERS (Paragraph, S.G. No., Issuing Hq., Date) (Include amending orders)				APR 05 1993	
T-115, HSTXANG, 19 MAR 93				Stn Symbol 5U40 Kelly AFB TX 7824	
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	COST OF LODGING	NUMBER OF MEALS GOVT DEPT OPEN MESS
19 6 MAR	0930	AUSTIN TX	GA		
20 MAR	1130	WACO TX	GA	19.00	
21 MAR	1315	AUSTIN TX	AT		
22 MAR	1330	AUSTIN TX	PD		
23 MAR	1344	HOME	NY		
24 MAR					
25 MAR					
26 MAR					
27 MAR					
28 MAR					
29 MAR					
30 MAR					
31 MAR					
5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS (See Item 24)					
DATE	NATURE AND EXPLANATION		AMT CLAIMED	ALLOWED	
				SUMMARY OF PAYMENT	
				Per Diem	309.00
				Actual Expense	
				Mileage or Transp Allowances	
				Reimbursable Expenses	1.25
				Total Entitlement	310.25
				Less Previous Payments	
				Less Voucher Deductions	
				Amt. Charged to Acctg Class	310.25
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)					
NUMBER	FROM	TO			
	None				
8. LEAVE STATEMENT:					
9. POC TRAVEL: <input checked="" type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER					
11. PAYMENT DESIRED <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH					
12. PER-DIEM REQUESTED					
13. BAS RATE					
PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$1000 OR MAXIMUM IMPRISONMENT OF 1 YEAR, OR BOTH (U.S. Code, Title 18, Section 287.)					
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.				14. SIGNATURE OF CLAIMANT	
				DATE	
				21 MAR 93	
15. ACCOUNTING CLASSIFICATION					
5733840 5P3 41K3 52851F 25 409 414503DI					
17. COMPLETED BY					
18. AUDITED BY					
19. TVL RCRO POSTED BY					
20. RECEIVED (Payee signature and date or check no.)					
21. AMOUNT PAID					
310.25					

DD FORM 1351-2 JUN 78

EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

