

"WHEN USING BALL-POINT PEN PRESS HARD TO ASSURE LEGIBILITY ON ALL COPIES"

ADSW

REVIEWED BY: *[Signature]*

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - SEE REVERSE)

DATE: *04 MAR 83*

TRAVEL VOUCHER OR SUBVOUCHER <small>(Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)</small>						10. FOR DO USE ONLY	
READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM							
LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)				GRADE/RANK	SSN		
CHECK MAILING ADDRESS (Include ZIP Code)				DUTY PHONE NO.			
ORGANIZATION AND STATION <i>AGTX-CD/500 P.O. BOX 5218 AUSTIN, TX. 78763</i>							
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders) <i>048-053 11MARR83</i>							
PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. if none, so state) <i>- NONE -</i>							
1. ITINERARY (See Item 25 for Symbols)		2.		3. NUMBER OF MEALS		4.	
DATE	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	COST OF LODGING	GOVT DED*	OPEN MESS
<i>93</i>							
<i>7 MAR</i>	<i>DEP 0900</i>	<i>AUSTIN, TX.</i>	<i>GA</i>				
<i>7 MAR</i>	<i>ARR 1100</i>			<i>TD</i>	<i>96.00</i>	<i>0</i>	<i>0</i>
<i>7 MAR</i>	<i>DEP 1245</i>	<i>WACO, TX</i>	<i>GA</i>				
<i>7 MAR</i>	<i>ARR 1445</i>			<i>MC</i>			
	DEP	<i>AUSTIN, TX</i>					
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)							
DATE	NATURE AND EXPLANATION			AMT. CLAIMED	ALLOWED		
	<i>NONE</i>						
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/MT'S (If none, so state)						SUMMARY OF PAYMENT	
NUMBER	FROM	TO		Total Entitlement		Per Diem	
	<i>NONE</i>						
8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____						11. PAYMENT DESIRED <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH	
9. POC TRAVEL <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER						12. <input checked="" type="checkbox"/> PER DIEM REQUESTED	
10. BAS RATE							
PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS OR BOTH (U.S. Code, Title 18, Section 287.)							
I herewith 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	
* COUNTING CLASSIFICATION							
16. COLLECTION DATA							
17. COMPUTED BY		18. AUDITED BY		19. TVL RCRD POSTED (20 RECEIVED) (Have signature and date of check no.)		21. AMOUNT PAID	

Z 0017649

22441

ASAC: [illegible]

Z 0005640

1 DATE 2/Mar 93		2 SERIAL NUMBER 9126321		3 MODEL UH60L		4 ORGANIZATION Det 1 Co E 149th Avn		5 STATION Austin, Tx																													
6 FLIGHT 1		DATA FROM 2NW		TO 10		TO 105																															
TIME FROM 28:02		TO :		TO 05:45		FLT HRS. 3		LOG: STD 1 AUTO 2																													
MISSION ID		STD :		CONFIG		LOADS: INTERNAL		EXTERNAL																													
ROUNDS 782		20mm		30mm		40mm		ROCKET																													
STATUS 782		20mm		30mm		40mm		ROCKET																													
MIT CHECK		NO 1 ENGINE		NO 2 ENGINE		APU: STARTS 2		HOURS .3																													
PERSONNEL DATA				FR FC				FC HE																													
NAME		RANK		PID/SSAN		DS		FS		HR		S		IS		FS		HR		S		OS		FS		HR		S		OS		FS		HR		S	
[REDACTED]		[REDACTED]		[REDACTED]		R		D		2.8																											
[REDACTED]		[REDACTED]		[REDACTED]		R		D		2.8																											
[REDACTED]		Sgt		[REDACTED]		R		D		2.8																											
[REDACTED]		[REDACTED]		[REDACTED]																																	
SERVICING DATA																																					
FUEL ADDED (GALLONS)		GRADE		IN TANKS		OIL 1		GRADE		OIL 2		GRADE		APU		GRADE		OXY-GEN		ANTI-ICING		SERVICED BY				LOCATION											
[REDACTED]		JP14		362		7		23699		7		23699		F		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]				[REDACTED]											
TOTALS																																					

D2862



AUG89-MP  
Form 0481TX


**PREMISE WORK  
INVOICE**

INSTALLATION      Date 3-4-93  
 MAINTENANCE      Phone No. 799 2771  
 Customer TEX NATIONAL Guard  
 Address TSPC Bldg 31-1  
 Technician No. 671

PREMISES WORK DONE										COMMENTS:
										1 WIR 1 JAC  ▲ = Network Interface □ = Conn. Blocks Placed — = Inside Wire Placed

Regular Time  
62 Initial Work Charge @ 62<sup>00</sup> = \_\_\_\_\_  
16 Additional Work Charge @ 16 = \_\_\_\_\_  
 Overtime And Saturday  
 \_\_\_\_\_ Initial Work Charge @ \_\_\_\_\_ = \_\_\_\_\_  
 \_\_\_\_\_ Additional Work Charge @ \_\_\_\_\_ = \_\_\_\_\_  
 Sundays And Holidays  
 \_\_\_\_\_ Initial Work Charge @ 78<sup>00</sup> = \_\_\_\_\_  
 \_\_\_\_\_ Additional Work Charge @ \_\_\_\_\_ = \_\_\_\_\_  
**TOTAL CHARGES = 78<sup>00</sup>**

Installation Billing     2 mos.     3 mos.     4 mos.  
 SEE BACK FOR EXPLANATION OF CHARGES

Signature   
 Customer or Agent Acknowledges Receipt

**THIS IS NOT A BILL - DO NOT PAY TECHNICIAN**  
 The charges noted on this invoice do not include applicable state and local sales taxes. Initial or monthly service and equipment charges

**IMPORTANT! KEEP THIS RECEIPT - 30 DAY WARRANTY ON ALL WORK PERFORMED BY SERVICE TECHNICIAN.**

WHITE                      YELLOW                      PINK  
 Customer Copy          Customer Copy          Technician  
 (English)                      (Spanish)                      Copy

REVIEWED BY: [REDACTED]

TRAVEL VOUCHER OR SUBVOUCHER				(Complete by typewriter, pen, 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 Type)				GRADE/RANK		SEN		SUBVOUCHER NO.			
[REDACTED]				[REDACTED]		[REDACTED]					
CHECK MAILING ADDRESS (Include ZIP Code) HQ, 249th SPT BN (MAIN), PO Box 5218, Austin Texas 78763-5218				DUTY PHONE NO. 465-5113							
ORGANIZATION AND STATION HHC, 49th Ard Div Spt Cmd, Austin, Tx 78763-5218								PAID BY <b>AGTX-OTM-D</b>			
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders) 042-211, AGIX, dtd 3 Mar 93								26 MAR 1993 RECEIVED			
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								AGTX-OTM-D			
1. ITINERARY (See Item 23 for Symbols)								2. NUMBER OF MEALS			
DATE	LOCAL TIME	PLACE	MODE OF TRAVEL	REASON FOR TRIP	COST OF LODGING	GOVT DEB*	OPEN MESS	POC MILES			
93 2/28	DEP 1600	Camp Mabry, Aust	GA								
2/28	ARR 2400	Waco, Tx		TD		0					
3/2	DEP 1000		GA		0	0	0				
3/2	ARR 1300	Camp Mabry, Aust		MC	0	0	0				
	DEP					0					
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)								SUMMARY OF PAYMENT			
DATE	NATURE AND EXPLANATION				AMT. CLAIMED	ALLOWED			Per Diem		
									Actual Expense		
6. Long distance telephone calls are certified as necessary in the interest of the Government.								APPROVING OFFICER (31 USC 680a.)			
7. TRV/MTA/MT/3 (If none, so state)								Total Entitlement			
NUMBER	FROM					TO	Less Previous Payments				
	NONE					Less Voucher Deductions					
								Amt. Charged to Acctg. Class			
								11. PAYMENT DESIRED			
								<input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH			
8. LEAVE STATEMENT: [REDACTED] days [REDACTED] hours taken between [REDACTED] and [REDACTED]								12. <input checked="" type="checkbox"/> PER DIEM REQUESTED			
9. POCTRAVEL: <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER								13. BAS RATE			
* The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, 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.								[REDACTED]		DATE 4 Mar 93	
1. [REDACTED] CLASSIFICATION											
16. COLLECTION DATA											

29 MAR 1993 SUBMITTED  
*Delay Voucher*  
*Was sent directly to USPEO. Returned to AGTX-CD.*

STATE OF TEXAS  
ADJUTANT GENERAL'S DEPARTMENT  
POST OFFICE BOX 5218  
AUSTIN, TEXAS 78763-5218

ORDERS 042-211

03 March 1993

① [REDACTED] HHC 49th Armd Div Spt Cmd, TXARNG, Austin TX  
78763-5218 (WTQ4AA-500)

You are ordered to active duty for special work (ADSW) for the period shown plus allowable travel time. Upon completion of the period of ADSW unless sooner released or extended by proper authority, you will return to the place where you entered ADSW and be released from such duty.

Period (TDY): 28 February 1993 - 02 March 1993

Report to: Unit Aromry/Further assigned to Waco Texas

Reporting time and date: Not later than 0730 hours 28 Feb 1993

Purpose: Support AGTX-CD Operations

Additional instructions: Government quarters and mess will be utilized. Travel by privately owned conveyance is authorized. Individual must comply with standards in AR 600-9. This training is considered an event and individual's unit will not process payroll. TCMJ authority is granted to attached unit. However, during IDT assemblies, parent unit has TCMJ authority. Enlisted personnel are authorized BAS at the RNA rate. Soldier terminates ADSW status 2400 hrs on the day prior to AT and automatically reverts to ADSW status 0001 hrs on the day following the AT period. Performance of AT does not constitute a break in service: accrued leave and all other appropriate entitlements are continued. VHA is not payable during the AT period.

FOR ARNG/ARMY USE

Auth: VOTAG date: 28 Feb 1993, Subsec 505 Title 32 USC & AGTX-CD

HOR:

Type duty code: 40E

Acct clas: Enl pay/alw/tvl/pd:

2132060 18-1041 P2M31.1100-1198/1199/1210/1250/211J/219J S41292 (CD) (TQ4AA)

PEBD: 31 AUG 56

Federal WE:M-0

Marital status: M-1

Dependents: 1

Incentive or special pay: No

State tax code: TX

Scty clnc: SECRET

Format: 282

FOR THE ADJUTANT GENERAL:

DISTRIBUTION:

AGTX-CD (2)

AGTX-SCF (2)

HHC 49th Armd Div (5)



Z 0017538

RECEIVED  
 ADJUTANT GENERAL'S DEPT  
 MAR 93 13 14 4 MAR 93

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.

11. VOUCHER NO.

12. SUBVOUCHER NO.

13. PAID BY

14. AGTX-OTM-D

15. 04 MAR 1993 RECEIVED

16. AGTX-OTM-D

17. 05 MAR 1993 DATE OUT

18. COMPUTATIONS

19. SUMMARY OF PAYMENT

20. PER DIEM

21. ACTUAL EXPENSE

22. MILEAGE OR TRANSP ALLOWANCES

23. REIMBURSABLE EXPENSES

24. TOTAL ENTITLEMENT

25. LESS PREVIOUS PAYMENTS

26. LESS VOUCHER DEDUCTIONS

27. AMT CHARGED TO ACCTG CLASS

28. 11. PAYMENT DESIRED

29. CHECK CASH

30. 12. PER DIEM REQUESTED

31. 13. BAS RATE

32. PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 1 YEAR, OR BOTH (U.S. Code, Title 18, Section 287.1)

33. 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.

34. SIGNATURE

35. DATE

36. COUNTING CLASSIFICATION

37. 16. COLLECTION DATA

1. ITINERARY (See Item 25 for Symbols)

DATE 1993	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	COST OF LODGING	3. NUMBER OF MEALS GOVT DED*	4. OPEN MESS	POC MILES
2 Mar	DEP 11:00	Austin, Tx	GP					
2 Mar	ARR 11:50			TD	18.50	00		0
4 Mar	DEP 0800	Waco, Tx	GP					
4 Mar	ARR 0845	Austin, Tx		MC				0
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							

2. COST OF LODGING

3. NUMBER OF MEALS GOVT DED\*

4. OPEN MESS

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS \* (See Item 24)

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
	None		

6. Long distance telephone calls are certified as necessary in the interest of the Government.

APPROVING OFFICER (31 USC 680e)

7. TR'S/MTA'S/MT'S (If none, so state)

NUMBER	FROM	TO
	None	

8. LEAVE STATEMENT:  OWNER/OPERATOR (See Item 22d)  PASSENGER

9. POC TRAVEL:  OWNER/OPERATOR (See Item 22d)  PASSENGER

11. PAYMENT DESIRED  CHECK  CASH

12. PER DIEM REQUESTED

13. BAS RATE

PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 1 YEAR, OR BOTH (U.S. Code, Title 18, Section 287.1)

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.

SIGNATURE

DATE 4 Mar 93

COUNTING CLASSIFICATION

16. COLLECTION DATA

ROOM NO  
45  
NO OF GUESTS  
1

# Everyday Inn

1008 E. CREST  
Waco, Texas 76705

No 55823

Date 3-2 19 93

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

NAME (1) [REDACTED]

ADDRESS (2) [REDACTED] Payable by cash in advance

CITY & STATE [REDACTED] CAR - YEAR MAKE LICENSE NUMBER

GUEST SIGNATURE (3) [REDACTED] REPRESENTATIVE OF

ROOM RATE CLERK ARRIVAL AM PM DEPARTURE AM PM

DATE	ROOM NO	NO GUESTS	ROOM CHARGE		TAX	OTHER		TOTAL CHARGES	PAID ON ACCOUNT	BALANCE DUE	CR	PREVIOUS BALANCE	CA
			NO DAYS	AMOUNT		L.D.	LOCAL						
3-2	45	1	1	18.50	-			18.50	18.50	0			

EXPLANATION OF OTHER CHARGES

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

Guest's Last name \_\_\_\_\_

STATE OF TEXAS  
ADJUTANT GENERAL'S DEPARTMENT  
POST OFFICE BOX 5218  
AUSTIN, TEXAS 78763-5218

ORDERS 042-106

03 March 1993

① [REDACTED] HQ STATE AREA COMMAND(-)  
(8BBAA-001) P O BOX 5218 AUSTIN TX 78763

You are to proceed on temporary duty as shown below and will return to your permanent station upon completion of the duty.

Temporary duty at : WACO, TEXAS  
Purpose: SUPPORT AGTX-CD OPERATION  
Type duty code: 40H Active Duty Special Work  
Number of days: 2 Day(s) (02 March 1993 - 03 March 1993 )  
Will proceed date : 0730 02 MAR 1993  
Additional instructions:

- (a) Government quarters and rations are not available.
- (b) Per diem is authorized in accordance with JFTR Vol 1.
- (c) Travel by government transportation is authorized.
- (d) Authority is granted to make such changes in duty locations as may be necessary for accomplishment of this mission.
- (e) Individual will submit DD Form 1351-2 through their Commander to AGTX-SCM-V NLT 5 days after performing duty.
- (f) P/D \$148.00 GP \$0

Acct clas:  
Enl tvl/pd: 2132060 18-1041 P2M31.1100-211J/219J S41292 CTD 8BBAA  
Format: 400

FOR THE ADJUTANT GENERAL:

////////////////////  
// HQ, ARNG //  
// OFFICIAL //  
////////////////////

③ [REDACTED]  
ADJUTANT

DISTRIBUTION:  
AGTX-CD (5)  
AGTX-SCF (2)





RECEIVED  
ADJUTANT GENERAL  
MAR 93 13

1404 MAR 93

ADSW

TRAVEL VOUCHER OR SUBVOUCHER <small>(Complete by typewriter, ink or ballpoint pen (PRESS HARD) do not use pencil)</small>				10. FOR DO USE ONLY			
READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.							
LAST NAME - FIRST NAME - MIDDLE INITIAL (Print Type)				GRADE/RANK		SSN	
CHECK MAILING ADDRESS (Include ZIP Code)				DUTY PHONE NO.			
ORGANIZATION AND STATION				PAID BY			
DET. 1 CO. E 149 AV AUSTIN, TEXAS							
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)							
042-105 AGTX-CD 03 MARCH 1993							
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	PLACE	MODE OF TRAVEL	REASON FOR STOP	COST OF LODGING	NUMBER OF MEALS	POC MILES
19 93	(24 Hour Clock)	(Home, Office, Base, Activity, City and State; City and Country, etc.)				GOVT / OPEN / MESS	
5/2	DEP 1100	AUSTIN, TX.	GP				
	ARR 1150	WACO, TX.	TD		62.50	NONE	
3/4	DEP 0800		GP				
	ARR 0845	AUSTIN, TX.	MC				
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS * (See Item 24)							
DATE	NATURE AND EXPLANATION			AMT. CLAIMED	ALLOWED		
	NONE						
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/MT'S (If none, so state)							
NUMBER	FROM		TO		11. PAYMENT DESIRED		
	NONE				<input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH		
8. LEAVE STATEMENT: N/A days N/A hours taken between N/A and N/A				12. <input checked="" type="checkbox"/> PER DIEM REQUESTED			
9. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER				13. BAS RATE			
PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, 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.							DATE
COUNTING CLASSIFICATION							04 MARCH 1993
16. COLLECTION DATA							
17. COMPUTED BY	18. AUDITED BY	19. TVL RCRO POSTED BY	20. RECEIVED (Payee signature and date or check no)			21. AMOUNT PAID	

ADSW

REVIEWED BY [REDACTED]  
DATE: 5 MAR 93

TRAVEL VOUCHER OR SUBVOUCHER  
READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

LAST NAME - FIRST NAME - MIDDLE INITIAL (Print Type) GRADE/RANK SSN  
[REDACTED] [REDACTED] [REDACTED]

CHECK MAILING ADDRESS (Include ZIP Code) OFFICE PHONE NO.  
[REDACTED] (512) 465-5552

ORGANIZATION AND STATION  
COF(-) 149AVN 49AD Austin, TX

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)  
AGTX 042-104 03 March 1993

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Piece paid, or DO Station No. If none, so state)  
NONE

1. ITINERARY (See Item 25 for Symbols)				2. COST OF LODGING		3. NUMBER OF MEALS		4. POC MILES
DATE	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	GOVT DEPT	OPEN MESS	POC MILES	
19 93								
3/02	DEP 1100	Austin, TX	GP					
	ARR 1150			TD				
3/04	DEP 0800	Waco, TX	GP		40.50	NONE		
	ARR 0845			MC				
	DEP	Austin, TX						
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							

10. FOR DO USE ONLY  
DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

AGTX-OTM-D

05 MAR 1993 RECEIVED

AGTX-OTM-D

09 MAR 1993 DATE OUT

COMPUTATIONS

1 NIGHT @ 7.50

1 NIGHT @ 22.00

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS (See Item 24)

DATE	NATURE AND EXPLANATION	AMT. CLAIMED	ALLOWED
	NONE		

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/MT'S (If none, so state)

NUMBER	FROM	TO
	NONE	

8. LEAVE STATEMENT: N/A days N/A hours taken between N/A and N/A

9. POC TRAVEL:  OWNER/OPERATOR (See Item 22d)  PASSENGER

11. PAYMENT DESIRED  CHECK  CASH

12.  PER DIEM REQUESTED

13. BAS RATE

PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000, OR MAXIMUM IMPRISONMENT OF 3 YEARS, 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. [REDACTED]

COUNTING CLASSIFICATION

DATE 04 MARCH 1993

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

ROOM NO. **43**  
 NO OF GUESTS **1**

# Everyday Inn


1008 E. CREST  
 Waco, Texas 76798

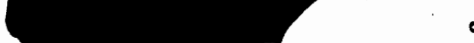
NO. 55824


Date MARCH 2 1993

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

NAME (1) 

ADDRESS (2) 

CITY & STATE (3) 

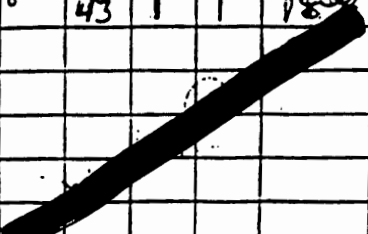
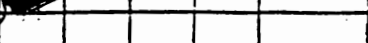
GUEST NATURE (3) 

43 Payable by cash in advance

CAR YEAR MAKE LICENSE NUMBER

REPRESENTATIVE OF

DATE CLERK ARRIVAL DEPARTURE

DATE	ROOM NO.	NO GUESTS	ROOM CHARGE		TAX	OTHER		TOTAL CHARGES	PAID ON ACCOUNT	BALANCE DUE	PREVIOUS BALANCE
			NO DAYS	AMOUNT		LOCAL					
3-21	43	1	1	18.50	-			18.50	18.50	0	0
											
											

EXPLANATION OF OTHER CHARGES

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

Guest's Last name \_\_\_\_\_



**Best Western  
Old Main Lodge**



1435 @ BAYLOR UNIVERSITY PO BOX 174  
WACO, TEXAS 76703  
(817) 753-0316 FAX (817) 753-3811  
RESERVATIONS 1.800.299-WACO (9226)

**GUEST  
FOLIO**

TIME 0603 EMP S1 FOLIO # 03775

TAXES & FEES	
TOTAL	.00

ARRIVE NGTS DEPART  
SAT FEB27, 93 05 THU MAR04, 93  
ROOM MKT S/A # T/A #  
102 GM  
TYPE A K R C E D M  
QQ 1  
NAME / ADDRESS

TX NAT GUARD  
PO BOX 5218

AUSTIN, TX  
78763 USA AUS

BY BC  
GTD BY

NO	DAY	ROOM	Rm	AMOUNT	NA
1	MAR03	ROOM	102E	22.00+	NA
2	MAR04	VISA/MC		22.00-	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!

LODGING STATEMENT

①

[REDACTED]

stayed at the

EVERYDAY INN

(NAME)

(HOTEL/MOTEL)

WACO, TX

(LOCATION)

, phone number: \_\_\_\_\_

(HOTEL/MOTEL)

during the

TDY period of: MARCH 2, 1993. I paid \$ 18<sup>50</sup> per night at a total cost  
(DAILY RATE + TAX)

of: \$ 18.50.

*destroyed*

The original lodging receipt was ~~lost~~. I understand that the Finance and Accounting Office will verify my stay and charges at the above location.

②

[REDACTED]

SIGNATURE

DATE: 9 MARCH 93

STATE OF TEXAS  
ADJUTANT GENERAL'S DEPARTMENT  
POST OFFICE BOX 5218  
AUSTIN, TEXAS 78763-5218

ORDERS 042-104

03 March 1993

(1) [REDACTED] (2) [REDACTED]  
(V70AA-708) 2001 E 51ST ST

PO F(-)149TH AVN  
AUSTIN TX

78723

You are to proceed on temporary duty as shown below and will return to your permanent station upon completion of the duty.

Temporary duty at : WACO, TEXAS

Purpose: SUPPORT AGTX-CD OPERATION

Type duty code: 40H Active Duty Special Work

Number of days: 2 Day(s) (02 March 1993 - 03 March 1993 )

Will proceed date : 0730 02 MAR 1993

Additional instructions:

- (a) Government quarters and rations are not available.
- (b) Per diem is authorized in accordance with JFTR Vol 1.
- (c) Travel by government transportation is authorized.
- (d) Authority is granted to make such changes in duty locations as may be necessary for accomplishment of this mission.
- (e) Individual will submit DD Form 1351-2 through their Commander to AGTX-SCM-V NLT 5 days after performing duty.
- (f) P/D \$148.00 GP \$0

Acct clas:

Off tvl/pd: 2132060 18-1041 P2M11.1000-211J/219J

S41292 CTD V70AA

Format: 400

FOR THE ADJUTANT GENERAL:

//////  
// HQ, ARNG //  
// OFFICIAL //  
//////

(3) [REDACTED]  
ADJUTANT

DISTRIBUTION:

AGTX-CD (5)

AGTX-SCF (2)

*[Handwritten scribble]*

*ADSW*

RECEIVED  
ADJUTANT GENERAL'S DEPT  
MAR 93 13

1404 MAR 93

**TRAVEL VOUCHER OR SUBVOUCHER** (Complete by typewriter, in ink ballpoint pen (PRESS HARD) do not use pencil)

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

NAME - FIRST NAME - MIDDLE INITIAL (Print Type) GRADE/RANK SSN

CHECK MAILING ADDRESS (Include ZIP Code) DUTY PHONE NO. 465-5593

ORGANIZATION AND STATION  
DET. 1 CO. E 149 AV AUSTIN, TEXAS

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)  
042-105 AGTX-CD 03 MARCH 1993

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Piece 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	REASON FOR STOP	COST OF LODGING	NUMBER OF MEALS	POC MILES
3/2	DEP 1100	AUSTIN, TX.	GP				
3/2	ARR 1150	WACO, TX.		TD			
3/4	DEP 0800		GP		62.50	NONE	
3/4	ARR 0845	AUSTIN, TX.		MC			
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						

**COMPUTATIONS**  
1 NIGHT @ 18.50  
2 NIGHT @ 44.00

**5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS (See Item 24)**

DATE	NATURE AND EXPLANATION	AMT. CLAIMED	ALLOWED
	NONE		

**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/MT'S (If none, so state)**

NUMBER	FROM	TO
	NONE	

**8. LEAVE STATEMENT:** N/A days N/A hours taken between N/A and N/A

**9. POC TRAVEL:**  OWNER/OPERATOR (See Item 22d)  PASSENGER

**11. PAYMENT DESIRED**  
 CHECK  CASH

**12. PER DIEM REQUESTED**

**13. BAS RATE**

**PENALTY:** The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, 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.

SIGNATURE OF CLAIMANT: [Redacted] DATE: 04 MARCH 1993

COUNTING CLASSIFICATION

**16. COLLECTION DATA**



STATE OF TEXAS  
ADJUTANT GENERAL'S DEPARTMENT  
POST OFFICE BOX 5218  
AUSTIN, TEXAS 78763-5218

ORDERS 042-105

03 March 1993

① [REDACTED] (V7ZA1-705) 2001 EAST 51ST ST

② [REDACTED] DET 1 CO E 149TH AVN  
AUSTIN TX

78723

You are to proceed on temporary duty as shown below and will return to your permanent station upon completion of the duty.

Temporary duty at : WACO, TEXAS

Purpose: SUPPORT AGTX-CD OPERATION

Type duty code: 40H Active Duty Special Work

Number of days: 2 Day(s) (02 March 1993 - 03 March 1993 )

Will proceed date : 0730 02 MAR 1993

Additional instructions:

- (a) Government quarters and rations are not available.
- (b) Per diem is authorized in accordance with JFTR Vol 1.
- (c) Travel by government transportation is authorized.
- (d) Authority is granted to make such changes in duty locations as may be necessary for accomplishment of this mission.
- (e) Individual will submit DD Form 1351-2 through their Commander to AGTX-SCM-V NLT 5 days after performing duty.
- (f) P/D \$148.00 GP \$0

Acct clas:

Off tvl/pd: 2132060 18-1041 P2M11.1000-211J/219J

S41292 CTD V7ZA1

Format: 400

FOR THE ADJUTANT GENERAL:

////////////////////  
// HQ. ARNG //  
// OFFICIAL //  
////////////////////

③ [REDACTED]  
ADJUTANT

DISTRIBUTION:

AGTX-CD (5)

AGTX-SCF (2)

44  
1

# Everyday Inn

1008 E. CREST  
Waco, Texas 76705

55822

Date 2 mm 1993

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

① [REDACTED]  
② [REDACTED] Payable by  
cash in advance  
③ [REDACTED] CAR. YEAR MAKE LICENSE NUMBER  
[REDACTED] REPRESENTATIVE OF TX ARNG

RATE	ROOM NO	NO GUESTS	ROOM CHARGE		TAX	ARRIVAL	AM PM	DEPARTURE	AM PM	OTHER		TOTAL CHARGES	PAID ON ACCOUNT	BALANCE DUE	CA ✓	PREVIOUS BALANCE	CA ✓
			NO DAYS	AMOUNT						L.D.	LOCAL						
	44	1	1	18.50	-						18.50	18.50	0		0		

EXPLANATION OF OTHER CHARGES  
C. Guest's  
D. Last name \_\_\_\_\_



**Best Western**  
**Old Main Lodge**



1H 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

TIME 0645 EMP S1 FOLIO # 03747

.00

ARRIVE WED MAR03, 93 01 DEPART THU MAR04, 93  
ROOM MKT S/A # T/A #  
223 GM  
TYPE A K R C E D M  
QQ 2  
NAME / ADDRESS



U. S. TREASURY  
PO BOX 5218

AUSTIN TX 78763 USA TX

PAY BY  
GTD BY BC

WIL LEWIS

LINE	DATE	DESCRIPTION	REFERENCE	AMOUNT	ID
1	MAR03	ROOM	Rm 223E	44.00+	NA
2	MAR04	DNRS/CB		44.00-	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!

REG. NO. 21  
 NO OF GUESTS           

# Everyday Inn

1008 E. CREST  
 Waco, Texas 76705

No. 55867

Date 3-2 1993

REG. NO. RECORD - PLEASE PRINT (LAST NAME FIRST)

NAME [REDACTED]

ADDRESS [REDACTED] payable by  
cash in advance

CITY & STATE [REDACTED] CAR. YEAR            MAKE            LICENSE NUMBER           

GUEST SIGNATURE [REDACTED] REPRESENTATIVE OF TX NATIONAL GUARD

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						
3-3	21	1	1	10.8									
3-8		1	1	10.0									
7-4			1	10.8				30.24	30.24				

EXPLANATION OF OTHER CHARGES

A.            C.             
 B.            D.             
 Guest's Last name (4) [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**

<b>BALANCE DUE</b>
.00

ARRIVE THU MAR04, 93 03 DEPART SUN MAR07, 93  
 ROOM 223 MKT GM  
 TYPE A K R C E D M  
 QQ 1  
 NAME / ADDRESS

LINE	DATE	DESCRIPTION	REFERENCE	AMOUNT	ID
1	MAR04	ROOM	Rm 223E	38.00+	NA
2	MAR05	ROOM	Rm 223E	38.00+	NA
3	MAR06	ROOM	Rm 223E	38.00+	NA
4	MAR07	DNRS/CB		114.00-	S1

U.S. TREASURY  
 P.O. BOX 5218  
 AUSTIN, TX  
 78763 USA AUS  
 PAY BY  
 GTD BY DC

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 Have a safe trip!



**Best Western**  
**Old Main Lodge**



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**

ARRIVE NGTS DEPART

THU MAR04, 93 02 SAT MAR06, 93

ROOM MKT S/A # T/A #

218 GM

TYPE

A K R C E D M

QQ

1

NAME / ADDRESS

U. S. TREASURY

PAY BY

BY BC

BC4498770400722095X0793

TIME EMP FOLIO #

1107 S1 03801

LINE	DATE	DESCRIPTION	REFERENCE	AMOUNT	ID
1	MAR04	ROOM	Rm 218E	38.00+	NA
2	MAR05	ROOM	Rm 218E	48.00+	NA
3	MAR06	VISA/MC		<del>86.00-</del>	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!

PM - 3/7/93

MFR -

- VEHICLE UNLOADED IN AN HANGAR 20 MILES AWAY
- TRUCK TO WITHIN 1-2 KM FROM SITE
- OCU OPERATOR 1 KM OUT
- DEPLOY AS SURVEILLANCE, DECOY, ACOUSTICS (LIGHT UP TO BLOS) - NO PROXIMITY!  
WANT TO SEE IF THEY WILL SHOOT AT IT
- FBI WANTS - NO PRIOR KNOWLEDGE - OF USE DUE TO ACTUAL OPS - SET FOR TONIGHT
- TWO FLIR'S TO ARRIVE WITHIN NEXT 3 HOURS
- WILL USE FO CABLE ONLY. EVEN THOUGH THEY HAVE CUT OFF ELECTRICITY, SITE HAS TV (PORTABLE)!

3/10/93

- ① [REDACTED] CALLED SEVERAL TIMES TO CLARIFY WHO APPROVED FBI REQUEST AT OSD
- PM CONFIRMED FROM OSD [REDACTED] THAT OSD APPROVED AS AN OSD SPONSORED PROGRAM ON SUNDAY 7 MAR 93

3/10/93

- KEEP TRUCK + DRIVE BACK @ 900 \* 4 DAY; 60 DAYS THREATEN
  - TRNG IN HANGAR
  - FWD TOC HAVE NOT ARRIVED AS YET
  - LOOKING FOR CONTACTS 2 1/2 MILES OUT
  - ALL 3 UP
  - WANT TO USE AS NIGHT
  - PROBLEMS WITHIN 11V
- SET IN W/SURV TUNNEL  
 - HOW CLOSE BEING SHOT  
 - SUGGEST  
 - MOVE UP TO BRADLEY  
 - THEN GO FORWARD
- NOT READY -  
 - I<sup>2</sup> CAMERAS

