

ACCOUNTING CLASSIFICATION

| APPROPRIATION, LIMITATION OF PROJECT SYMBOL | APPROPRIATION TITLE | APPROPRIATION (Amount) |
|---|---------------------|------------------------|
| | | |
| | | |
| | | |
| | | |

16-42280-1

I CERTIFY that _____ is my adopted child and will be _____ years of age on _____, she was adopted by me pursuant to the laws of _____, certified copy of adoption papers filed herewith (or filed with voucher No. _____, 19____, accounts of _____); that the child was _____ related to me by blood or marriage as my _____ before adoption; that the adoption by me was for the child's benefit; that the child was not adopted by me to secure any personal or pecuniary advantage, either in the way of increase in my pay or allowances, or otherwise; that the child is now residing with _____, related to me by blood or marriage as my _____ and related to the child as _____; that the child is not possessed of property or income adequate of his or her support; that the child is not the beneficiary, either directly or through others, of any trust or estate entitling the child to income adequate for his or her support and education; that I actually and necessarily contribute from my own personal funds \$ _____ each month solely for the care, maintenance, support, and education of the said child.

(d) STATEMENT OF SERVICE FOR LONGEVITY CREDIT (Item 15)

I CERTIFY that I have held a commission; appointment as commissioned warrant officer, warrant officer, flight officer, or army field clerk; or have been enlisted as a member of the respective service(s) shown below for the inclusive periods indicated. I FURTHER CERTIFY that all National Guard service claimed hereon was federally recognized; that it was not in the inactive National Guard; that all officers' training camp service was in the capacity of an enlisted man and that all initial appointments are shown from the date of acceptance.

| SERVICE OR COMPONENT | FROM— | TO— | SERVICE OR COMPONENT | FROM— | TO— |
|----------------------|-------|-----|----------------------|-------|-----|
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| | | | | | |

(e) FLYING PAY (Aeronautical rating) (Item 18)

I CERTIFY that I hold an aeronautical rating as _____; that during the period for which aviation pay is claimed on this voucher I was, by orders of competent authority, required to participate regularly and frequently in aerial flights; and, in consequence of such orders, I did participate in regular and frequent flights, while in a duty status, sufficient to meet the requirements of Executive Order No. 9195, 7 July 1942 (AR 35-1480).

(f) FLYING PAY (Nonflying officer) (Item 19)

I CERTIFY that during the period for which aviation pay is claimed on this voucher I was, by orders of competent authority, required to participate regularly and frequently in aerial flights as a nonflying officer; and, in consequence of such orders, I did participate in regular and frequent flights, while in a duty status, sufficient to meet the requirements of Executive Order No. 9195, 7 July 1942 (AR 35-1480).

(g) PARACHUTE DUTY (Item 20)

I CERTIFY that, during the period from _____, 19____, to _____, 19____, I was not in a flying pay status; that parachute jumping was an essential part of my military duty; that I held a rating as a parachutist or was undergoing training for such rating; and that I was engaged upon duty designated by the Secretary of War as parachute duty.

(h) MUSTERING-OUT PAY (Item 21) (Strike out the italicized words if inapplicable)

I CERTIFY that I am a member of the armed forces and have been engaged in active service in the present war; that I am being *discharged or relieved from active service* under honorable conditions; that I have not heretofore received a mustering-out payment under the Mustering-Out Payment Act of 1944; *that I performed active service for at least 60 days; that I served outside the continental limits of the United States or in Alaska;* and that I do not fall within any of the classes of persons to whom payment is prohibited by section I (b) of said act.

(i) RENTAL ALLOWANCES (Item 25)

I CERTIFY that, during the period for which rental allowance is claimed on this voucher, I was not assigned adequate quarters at my permanent station; if without dependents, I was not on field or sea duty; if with dependents, I did not occupy with them any public quarters assigned to me without charge at any station, nor did any of them occupy public quarters assigned to them or to any other officer or his dependents, except for bona fide social visits, or receive a monetary allowance in lieu thereof.

(j) AUTHORITY FOR DUTY AT PRESENT STATION AND STATEMENT OF TRAVEL (Item 26)

I CERTIFY that the following statement of travel was performed in compliance with orders attached and is correct; that payment therefor has not been received; and that no transportation was furnished by the United States, either in kind or on Government transportation request, except as stated.

On duty at pres. sta. per par. 303 O. HQ. dated 11/18/45 rec'd at same on 11/20
Ordered home per par. / S. O. HQ. dated 11/19/45 rec'd at same on 11/20

| STATEMENT OF TRAVEL PERFORMED (to be filled in by traveler) | | | | | COMPUTATION OF AMOUNT DUE (To be filled in by administrative officer) | | | |
|---|------------------------------|------|-----------------|-------------------------------------|---|---|------------------------|-----------|
| DATE | FROM— | DATE | TO— | KIND OF TRANS. FURN. (See note) (5) | LAND GRANT INCL. IN EST. ROUTE AND DIST. (6) | TRANS. FURN. EXCL. LAND GRANT IN COL. 6 (7) | AUTHORIZED MILEAGE (8) | NOTATIONS |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| 45 19 | | 19 | | | Miles | Miles | Miles | |
| | MILEAGE IN NOT AUTHORIZED TT | | | | | | | |
| 11/18 | Ft. McPherson, Ga. | | Meridian, Miss. | None/H | 135 | | 324 | ONT |
| | | | | | 135 | | 324 | |
| Transportation furnished by U. S. Government: T/R—Gov't trans. request; rail, water, air, or highway. G/B—Gov't boat. G/P—Gov't plane or airship. G/A—Gov't automobile. No transportation furnished by U. S. Government—None. Indicate method of travel used by inserting after "None" one of the following letters: Highway (H); Air (A); Water (W); Rail (R); Privately owned conveyance (P). | | | | | TOTALS | | | |
| T/R No. _____ Carrier(s) _____ | | | | | Rate per mile <u>4.03</u> \$0.03 <u>25.92</u> \$0.03 | | | |
| T/R No. _____ Carrier(s) _____ | | | | | Amounts <u>4.05</u> | | | |
| T/R No. _____ Carrier(s) _____ | | | | | Deduct columns 6 and/or 7 | | | |
| | | | | | Other deduction <u>21.87</u> | | | |
| | | | | | NET AMOUNT TO BE PAID | | | |