

ORIGINAL

NA99/P16-4(58)/MM
MM188-46

STANDARD TRANSFER ORDER

USNAS, Hutchinson, Kansas
(Ship or Station)

24 January 1946
(Date)

AUTHORITY: (a) COMNINE dispatch 221533 of January 1946

TO: WEBBINK, Harold Albert, AMM2c(T), 873 23 94, V6 USNR (Draft#3011-Q)
(Name, Rate, Service Number, Class, Etc.)

(If in charge of draft, indicate names, etc., or specify number in draft whose names and other data are listed on separate page.)

1. Proceed, as your transportation may direct, and report as indicated below:

ULTIMATE DESTINATION AND NATURE OF DUTY
REPORT TO PSC, NATTC, NORMAN, OKLA. FOR TEMPORARY DUTY IN CONNECTION WITH DISCHARGE AND/OR RELEASE FROM THE NAVAL SERVICE. UPON DISCHARGE YOU WILL, WHEN DIRECTED BY THE C.O. OF THE SEPARATION CENTER, PROCEED HOME. YOUR HOME OF RECORD IS AUGUSTA, MISSOURI.

INTERMEDIATE REPORTINGS AND DEPARTURES
(Indicate Hour and Date)

Report to: _____

Reported: _____ Signature: _____

Departed: _____ Signature: _____

Report to: *USNA Wash. 25, D.C.* _____

Reported: *Trans. Dependents Paid \$ 20.00* _____ Signature: _____

Departed: _____ Signature: _____

Report to: *MAY 18 1946 126728* _____

Reported: *E. L. Jordan Lt. Comdr SC (C) USNR Va. Sta.* _____ Signature: _____

Departed: _____ Signature: _____

Report to: _____

Reported: _____ Signature: _____

Departed: _____ Signature: _____

ULTIMATE DESTINATION REPORTING

Reported: *2235 1/24/46* Signature: *[Handwritten Signature]*

2. You will be governed by general, special, and supplemental instructions, as applicable, shown on reverse of transfer order.

3. Records and accounts are handed you herewith, for delivery to ultimate destination, in accordance with Article D-7008, BuPers Manual. Missing papers, if any, are listed on separate page, indicating when, from where, and by what means, they will be forwarded.

4. Copy of transfer order is being mailed by this command direct to Ultimate Destination.

5. F.O. not in effect. (over)

GENERAL INSTRUCTIONS

Personnel under orders, or granted leave enroute, are considered attached to Ultimate Destination, or intermediate reporting commands, as the case may be. Communicate with nearest known Naval activity for instructions, if unable to contact above commands.

Should you require medical attendance while on leave of absence and are able to travel, proceed to your ultimate destination immediately. If unable to travel by reason of your illness or injury, communicate with nearest known Naval activity. You are informed that charges for medical and dental expenses incurred on leave of absence will not be paid by the Navy Department EXCEPT in cases where it is impracticable to obtain treatment from Naval or other governmental facilities. If recalled from leave return immediately. Only an emergency request for extension of leave will be considered.

These orders are RESTRICTED, their contents, or the whereabouts of ships and personnel will not be divulged to unauthorized persons.

Remember that while carrying out these orders your conduct will reflect to the credit or discredit of the Naval service.

SPECIAL INSTRUCTIONS (Strike out paragraphs not applicable)

~~LEAVE~~ // days leave and days travel time is hereby authorized, this delay to count as leave. Day of departure is day of duty, day of return is day of leave (Article 1727(3) N. R.). Report as indicated, not later than (hour) 25 January 1946 (date).

Leave address:

AUTO TRAVEL: Authority is hereby granted to travel by privately owned automobile subject to reimbursement. Gasoline rationing applies. To obtain OPA forms R-544 present these orders to an authorized official designated by the District Commandant. You are traveling in (make) (model) (license).

~~AIR TRAVEL~~ // Travel by (enter Government or commercial) aircraft is specifically directed from to You will be entitled to reimbursement at the rate of \$6 per diem, in lieu of subsistence, while in an air travel status.

~~OVERSEAS DUTY~~ // If ultimate destination is for duty outside the continental limits of the United States, by order of competent authority, dependents are prevented from accompanying you or dwelling with you at ultimate destination. **Transferred 0700 this date.**

OTHER INSTRUCTIONS:

The Disbursing Officer is authorized and directed to advance cash in lieu of transportation in the execution of these orders.

R. L. Hoy
R. L. HOY, Lt.S(A) USNR
 Personnel Officer
 By direction of the C.O.
(Authenticating Signature, Rank and Title)

SUPPLEMENTAL INSTRUCTIONS ISSUED DURING INTERMEDIATE REPORTINGS:

cc: CNAATC
 PSC, NATTC, Norman, Okla.

(Authenticating Signature, Rank, Title and Activity)

TRANSPORTATION FURNISHED

Issue Date	T. R. Number	Cash—Meals Transfers	Meal Ticket Numbers	Name of Issuing Activity	Signature of Issuing Officer
1/24/46	None	\$2.00	None		
1/24/46	Advanced \$7.62 on PV 234-46 in lieu of transportation in kind. Travel-Hutchinson, Ks. to Norman, Okla.				
				NAVAL AIR STATION HUTCHINSON, KANSAS.	
					<i>E. L. Haldeeman</i> E. L. HALDEEMAN, 584552 Ensign, SC, USNR

NAVY DEPARTMENT
BUREAU OF NAVAL PERSONNEL
WASHINGTON, 25, D.C.

Pers-315-1p-10

873 23 94

58061

17 Apr 46

To: The Chief of the Bureau of Supplies and Accounts.

Subj: Claim for payment of dependent's transportation submitted by
Harold Albert WESSINK, ANM2c (T), USN for
Wife and Son - Infant under orders of
24 Jan 46 - 27 Jan 46

1. Subject claim is approved for payment on a mileage basis for travel
from **Hutchinson, Kans. last permanent duty station to Augusta, Mo.**
official residence of record on recall to active duty.

Computed as follows:

500 miles @ 4¢ per mile for 1	persons:- \$ 20.00
miles @ 2¢ per mile for	persons:- \$
	Total \$ 20.00

2. No transportation was furnished by the government on this change of
station. The claimant certifies that travel was performed at own expense,
leaving **Hutchinson, Kans., 30 Jan 46** and arriving
at **Augusta, Mo., 31 Jan 46**

3. The records of the Bureau show that claimant was released from
active duty and discharged from the Naval Reserve at Personnel
Separation Center, Norman, Okla. on 27 Jan 46. no written orders
being issued.

BuS&A Wash. 25, D.C.
Trans. Dependents
Paid \$ 20.00

MAY 18 1946

E. L. Jordan Lt. Comdr SC (6) USNR
M. G.

By direction of Chief of Naval Personnel.

M. G. Horn
M. G. Horn,
Lt. Comdr., USNR,
Chief Claims Examiner,
Claims Division.

U. S. AND A. FORM 913-REV.
Form Prescribed by
Comptroller General, U. S.
May 17, 1945

VOUCHER FOR REIMBURSEMENT

EXPENSES INCIDENT TO DEPENDENTS TRAVEL

D. O. VOU. No. _____

MAIL TO BUREAU OF NAVAL PERSONNEL, WASHINGTON 25, D. C.

BU. VOU. No. _____

THE UNITED STATES, DR.

TO (PRINT)

OFFICIAL ADDRESS

C/o August Becker

CERTIFICATE OF DEPENDENCY OF CHILDREN

(For use of Paying Officer)

AMOUNT

DOLLARS

CENTS

\$ 20 00

PAID BY CHECK No. _____

MEMORANDUM

ACCOUNTING CLASSIFICATION (For completion by Administrative Officer)

FARE AUTHORIZED

APPROPRIATION, LIMITATION OR PROJECT SYMBOL	APPROPRIATION TITLE	FARE AUTHORIZED	
		FROM	TO
1760813	T&RNP 1946	RAIL	
		PULLMAN	
		TOTAL	\$

CERTIFICATION OF CLAIMANT (FILL IN ALL BLANKS BELOW WHERE APPLICABLE)

Payment is requested for transportation for travel performed by the following, who were my dependents on the effective date of orders directing this change of station.

NAME	RELATIONSHIP	DATE OF BIRTH OF CHILDREN
<i>Webbink, Mrs. Eunice H</i>	<i>Wife</i>	
<i>Webbink, Ronald</i>	<i>Son</i>	<i>Sept. 21, 1945</i>

I certify that my dependents were located *Hutchinson, Kansas* when orders directing detachment

from my old permanent station were received, and departed from that place on (date) *January 30, 1946*

and arrived at *Augusta, Missouri* on (date) *January 31, 1946* I further certify that my

dependents traveled at my own expense, and that the child (children) named above is (are) the legitimate child (children) of the officer or man concerned. (IF CHILD (CHILDREN) IS (ARE) STEP OR ADOPTED, FILL IN CERTIFICATE ON REVERSE SIDE.)

I certify that the travel covered by this claim represents the entire travel of all my dependents which has been or will be made on this change of station except as follows:

*Reimbursement requested herein is (is not) in accordance with par 3 of SecNav letter of 23 Dec 1943. D. C. in accordance with Article

*I hereby designate *Augusta, Missouri* as point to which transportation of dependents is desired.

I certify that this account and schedule annexed are true and just in all respects; that payment therefor has not been received; and that my statements of travel correctly reflect travel performed by my dependents.

SIGN

ORIGINAL PAYEE ONLY

DATE

February 1, 1946

RANK OR RATING

AMM 2/c

U. S. N.

1. In the event this claim involves travel under secret or confidential orders, or orders from which the location of the old or new duty station is omitted for reasons of security, or under orders effecting assignment to or from sea duty or to or from a place to which dependents are not permitted to go, careful attention should be given to SecNav letter of 23 December 1944, particularly paragraphs 2, 3, 6 and 10.

2. If your claim is not submitted under SecNav letter of 23 December 1944 (Instruction 1, above), the original and two certified copies of all orders involved, with all endorsements, must accompany claim.

3. Claim should be prepared and forwarded to BUREAU OF NAVAL PERSONNEL, Washington 25, D. C., in accordance with Article 2513, U. S. Navy Travel Instructions.

4. CLAIM MUST BE SUBMITTED IN QUADRUPPLICATE. The original is to be on NAV. S. and A. Form 912—Rev. and signed in ink on the face. Three copies (unsigned) to be on NAV. S. and A. Form 913—Rev.

5. SECURELY STAPLE ALL PAPERS TOGETHER.

6. The space below is to be used for any additional information by claimant which is necessary in settlement of this claim.

Travel was done in automobile. Itemized account of expenses follow:

\$ 3.25	Oil		
2.00	Gasoline		
12.00	Tire and Tube	(Tire trouble along way)	
5.00	Meals		

Payment is requested for transportation for travel performed by the claimant, or where no dependents on the effective date of orders

Number 71

OR SYMBOL	APPROPRIATION LIMITATION	APPROPRIATION TITLE	TO

I certify exact as noted herein that no prior claim has been presented by me or by any member of my family for the reimbursement of transportation of dependents as claimed herein and that no transportation in kind has been furnished therefor.

EVID BY CHECK NO.	
90	00
DOLLARS	CENTS
AMOUNT	

CERTIFICATE OF DEPENDENCY OF CHILDREN
(Note: To be used only for adopted or step children)

Official Address _____ certify that _____ is (are) my (adopted) (step) child (children) and is (are) member(s) of my household; that said child is (children are) not possessed of property or income adequate for its (their) support and education; that it is (they are) not the beneficiary or beneficiaries, either directly or through others, or any trust or estate entitling it (them) to income adequate for its (their) support and education; that said child is (children are) in fact now and at all times solely dependent on me; that in all respects I maintain the child (children) at my own expense and from my own resources and am not reimbursed therefor directly or indirectly in any manner or form whatsoever; and that evidence of the child's (children's) dependency on me and my maintenance of it (them) has been filed with my pay accounts and is hereby made a part thereof. (See special requirements, Art. 2513, U. S. Navy Travel Instructions.)

May 11, 1942
Comptroller General, U. S.
Form Prescribed by
NAV. S. and A. FORM 913—REV.

SIGNATURE