

U.S. Department of
Homeland Security

United States
Coast Guard



Commanding Officer
United States Coast Guard
USCGC Healy (WAGB-20)

1519 Alaskan Way, South
Seattle, WA 98134
Phone: [REDACTED]
Email: [REDACTED]

5890
23 Aug 06

MEMORANDUM

From: [REDACTED] Jr. YNC, USCG [REDACTED] b(6) + 7(c)
CGC HEALY (WAGB-20)

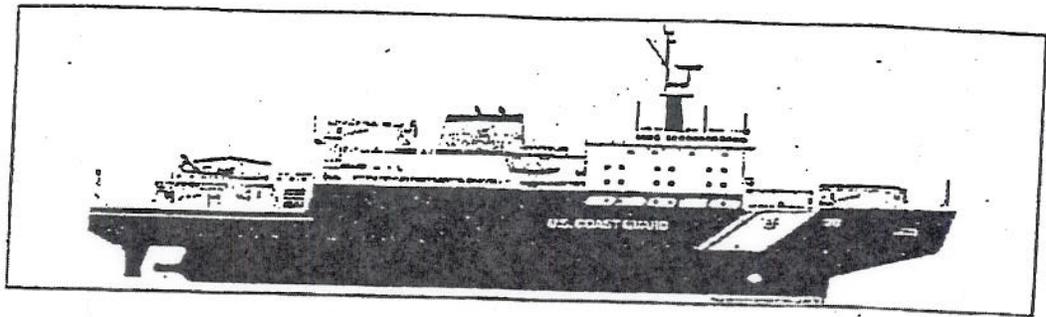
To: Chair, USCGC HEALY Administrative Investigation Board

Subj: CERTIFICATION OF TRUE COPY

1. I certify that the attached are true copies of documents pertaining to Lieutenant Hill and Petty Officer Duque, as requested by your Administrative Investigation of August 2006.
2. For further information, I am at the above listed number and email.

#

USCGC HEALY (WAGB-20) - ADMIN



UNIT PDR

Section 1: Training, Education & Qualification:

- (Top) CG-3029A Record of Small Arms Training.
- CG-3303C Performance Qualifications.
- CG-5286 Class "A" Training Request.
- Letters of Training and Qualification.
- Letters of Course Completion.
- Letters of Designation.

1

U.S. Department of
Homeland Security

United States
Coast Guard



Commanding Officer
USCGC Healy (WAGB-20)

1519 Alaskan Way South
Seattle, WA 98134
Phone: (206) 217-6300
Fax: (206) 217-6309

1544
23 Aug 2005

MEMORANDUM

From: [REDACTED] CAPT
CGC HEALY (WAGB-20)

Reply to: LTJG Noel
Attn of: Ext. 304

To: J. E. NOEL, LTJG

Subj: DIVING REQUALIFICATION

Ref: (a) Coast Guard Diving Policies and Procedures, COMDTINST M3150.1B

1. In accordance with reference (a), completion of the dives listed below maintains your qualification as an active diver for the six month period beginning 16 November 2005. Your new lapse date is 15 May 2006.

- a. 03 July science dive Chukchi Sea, 54 feet / 56 minutes
- b. 07 July science dive Chukchi Sea, 50 feet / 28 minutes
- c. 09 July science dive Chukchi Sea, 80 feet / 31 minutes
- d. 11 July science dive Chukchi Sea, 81 feet / 26 minutes
- e. 16 July science dive Chukchi Sea, 43 feet / 38 minutes
- f. 20 July science dive Chukchi Sea, 60 feet / 44 minutes
- g. 23 July science dive Chukchi Sea, 42 feet / 46 minutes

#

Copy: PERSRU Seattle
Unit PDR
BDO

125 PAGE 3 OF 76 PAGES.

6.7c



1601
26 June 2005

MEMORANDUM

From: [REDACTED], CAPT

To: LTJG Jessica E. Noel 1190945, USCG

Subj: DESIGNATION AS UNDERWAY OFFICER OF THE DECK

Ref: (a) Underway Duty Qualification Requirements, HEALYINST 3502.2
(b) United States Coast Guard Regulations, COMDTINST M5000.3B (Series)
(c) USCGC HEALY Standing Orders to the OOD, HEALYINST M1603.1B
(d) USCGC HEALY Navigation Standards, HEALYINST 3530.1
(e) Watch Officers Guide

1. Having completed reference (a), demonstrated your knowledge and passed an examination board, you are hereby designated as an Underway Officer of the Deck aboard HEALY in all waters.
2. As Officer of the Deck on HEALY, you will carry out your duties and responsibilities in accordance with references (a) through (e) and other pertinent directives and instructions referenced therein.
3. Your responsibilities as Officer of the Deck demand the highest order of attention and dedication of duty. The safety of HEALY and the lives of all personnel embarked are in your hands when you are on watch. Personal dedication, the use of practical experience, observation, study and eternal vigilance will all contribute to your carrying out the important duties of Underway Officer of the Deck aboard HEALY.
4. Congratulations on this significant professional achievement.

#

Copy: Training Record
Unit PDR
Day File

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U.S. Department of
Homeland Security
United States
Coast Guard



Commanding Officer
USCGC Healy (WAGB-20)

FPO AP 96667-3918
Staff Symbol
Phone: (206) 217-6300

MEMORANDUM

1601
06 August 2004

From: [REDACTED], CAPT

To: LTJG Jessica Noel

Subj: QUALIFICATION AS JUNIOR OFFICER OF THE DECK (JOOD)

Ref: (a) USCGC HEALY Underway Watch Qualification Requirements, HEALYINST
3502.2A
(b) Oral Board, 06 Aug 2004

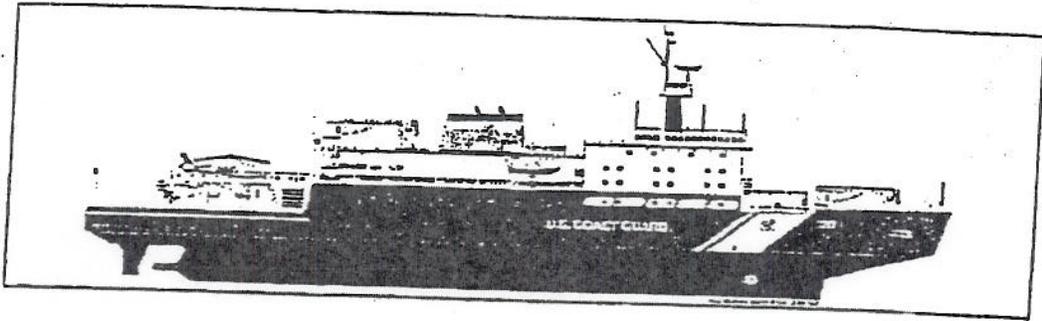
1. Based on your performance of duty while under instruction and your completion of references (a) and (b), you are hereby qualified as a Junior Officer of the Deck onboard USCGC HEALY.
2. As a Junior Officer of the Deck on HEALY, you are often called upon to perform the duties of the Deck Watch Officer, particularly when HEALY is operating in the ice or on Science Stations. At these times, you may be the sole watchstander on the bridge. Therefore, your responsibilities as Junior Officer of the Deck demand the highest order of attention and dedication to duty.
3. Congratulations on this achievement.

#

Copy: Unit PDR
Training Record
Day File

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USCGC HEALY (WAGB-20)



UNIT PDR

Section 2: Performance/Discipline:

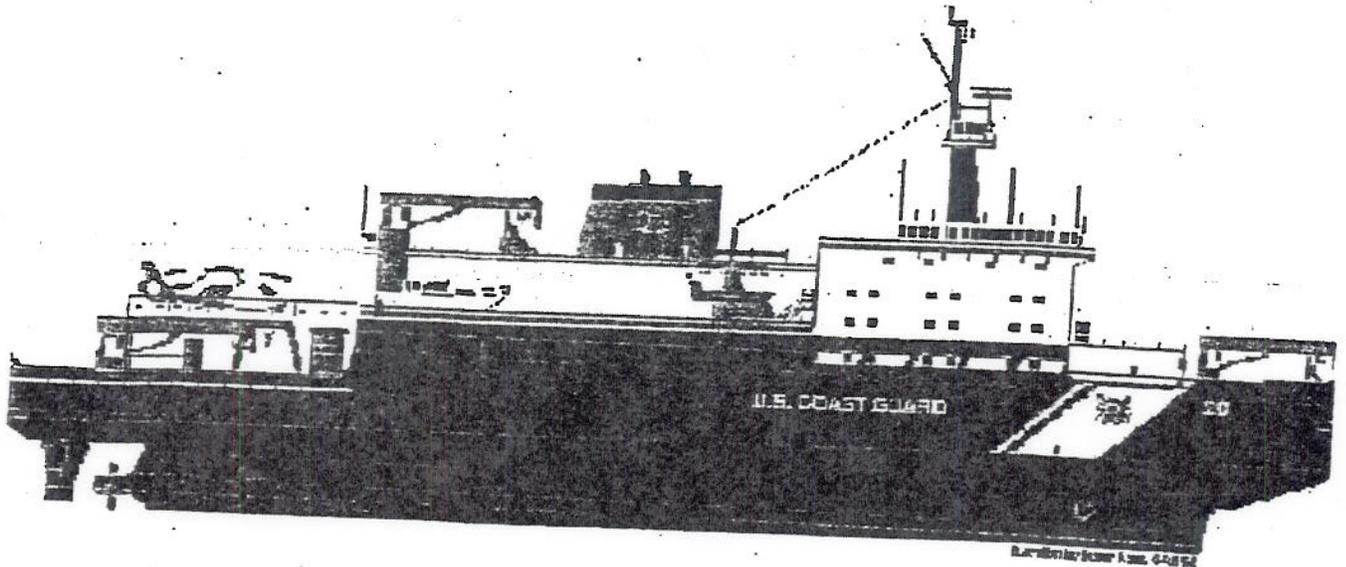
(Top) CG-3307 Administrative Remarks.
 Reports of Civil Arrest/Conviction.

UNIT PDR

SECTION 3: SECURITY DATA

CG-5588
SF-312

PERSONNEL SECURITY ACTION REQUEST
CLASSIFIED INFORMATION NON-DISCLOSURE AGREEMENT.
SOURCE DOCUMENT



ARRIVAL/INDOCTRINATION BRIEFING

On board USCGC Healy, you will find yourself dealing (at a minimum) with unclassified sensitive information. Security should play a vital part in everyday routine. You should be familiar and understand the requirements for handling and dealing with sensitive information as well as property and personnel involved in the security of CGC Healy.

Definitions you should be familiar with:

Access- the ability and opportunity to obtain knowledge of classified information for official duties.

Clearance- a security determination that an individual is eligible and authorized to be allowed access to classified information on a need to know basis.

Top Secret- unauthorized disclosure can cause "grave" damage to national security.

Secret- unauthorized disclosure can cause "serious" damage to national security.

Confidential- unauthorized disclosure can cause "damage" to national security.

Restricted Area- areas that have been designated by the Commanding Officer that limit access to personnel.

Need to know- reason a person requires access to classified information in order to perform or assist in official duties.

National Security - the national defense and foreign relations of the United States.

CSO (Command Security Officer) - designated by the Commanding Officer to manage the security program of a unit. The CSO onboard CGC Healy is ENS Beaudoin.

CMCO (Classified Material Control Officer) - designated by the Command Security Officer to maintain accountability of all classified information onboard. The CMCO onboard CGC Healy is OSC Winningham.

Compromise- disclosure of classified information to a person who is not authorized access to that information.

If you should happen to find a restricted space or safe open or unlocked, you will contact the OOD with the nearest phone and post a guard. DO NOT close it, look inside or leave the area unattended. Do not let anyone in. Wait for the OOD or the appropriate person to relieve you.

By signing this, you are acknowledging that you have read and understand the arrival and indoctrination briefing.

If at any time you have a question or concern over what you have been briefed over, please do not hesitate to ask. Security is everyone's responsibility.

[REDACTED]
BRIEFING OFFICIAL

Jessica E. Noel
PRINT NAME

[REDACTED]
SIGNATURE

24 Jun 01
DATE

b(6) + 7(c)

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PAGE 8 OF 76 PAGES.

USCGC HEALY (WAGB-20)

UNIT PDR

SECTION 4: General Administration

- (Top) -- Disclosure Log (see enclosures (6) and (7) for instructions)
- PDIF Personnel Data Information File (current only)
- CG-3788 A-C Filed until reflected on CG-3306
- CG-4170 A BAH/Dependency Form (most recent only)
- CG-5525 CG Reserve Assignment Request and Orders (9/97)
- CGPSC-2020D Designation of Beneficiaries
- SGLV-8286 SGLI Election and Certificate
- SGLV-8286A Dependent SGLI Election and Certificate
- Form Government Travel Card (Individually Billed Account) Setup
- (Mbr's initial submission only)
- Government Travel Card Program
- Recommendation/Acceptance
- Statement (Enclosure (1) to COMDTINST
- 4600.14 (series) (Mbr's initial submission only)

Report ID: CGACMP01
 ISC: 33 47200 000054
 PERSRU: 33 47200 000054
 ATU/OPFAC: 21 14102 000796

U S COAST GUARD
 PERSONAL DATA INFORMATION SUPPLEMENT
 LTJG NOEL, JESSICA B.

Page No. 1
 Run Date 02/02/2006
 Run Time 22:50:37

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974,
 TITLE 5, USC, SECTION 552A

Testing Data

Description	Code	Date	Score
MARINE SAFETY INITIAL INDOCTRI	000585	12/11/2002	80
INCIDENT COMMAND SYS: ORIENTAT	000590	06/24/2002	87

Honors and Awards

Description	Code	Date
CG Merit Team Commendation	CGMT	07/19/2005
CG Merit Unit Commendation	CGMB	07/15/2005
CG Arctic Service Medal	CGNL	06/30/2005
CG Sea Service Ribbon	CGRE	06/22/2005
CG Special Ops Service Ribbon	CGWQ	03/28/2005
Global War Terror Service Medl	CGWOTS	01/30/2005
CG Arctic Service Medal	CGNL	08/09/2004
Coast Guard Achievement Medal	CGHC	05/21/2004
Coast Guard Achievement Medal	CGHC	01/15/2003
CG Unit Commendation Award	CGMA	10/03/2002
National Defense Service Medal	CGNH	05/15/2002
CG Pistol Sharpshooter Ribbon	CGNM	01/29/2002

Competencies

Description	Code	Date
The officer of the deck is the commissioned, warrant or petty officer	OODLO	06/26/2005
Requirements: Qualify on a named cutter in accordance with the Watchst	EMOW	11/06/2004
Performs as a Diving Officer in supervising surface-supplied and SCUBA	OPSDP	02/20/2004
Pollution Investigator Requirements: Complete Pollution Investigato	MARED	02/13/2004
Harbor Safety Officer Requirements: Complete Harbor Safety Officer	MAREK	02/13/2004

Training Data

Course Description	Course Code	Completed
ANTITERRORISM/FORCE PROT LVL I	600018	07/22/2005
SUSTANCE ABUSE FREE ENVIR SUPE	501276	03/29/2005
BASIC DIVE OFFICER	400312	05/11/2004
MARINE SAFETY INITIAL INDOCTRI	000585	12/11/2002
ENTRY LEVEL PORT OPERATIONS	501353	11/15/2002
INCIDENT COMMAND SYS: ORIENTAT	000590	06/24/2002
LEADERSHIP & MANAGEMENT ROADSH	340720	04/19/2002
OFFICERS CANDIDATE SCHL.	340370	02/13/2002

--- No Language data is available ---

Education Data

Description	Code	Major	Date	Grad
Bachelor of Science	BS	Other	11/01/1995	Y
Master of Science	MS	Marine Science	08/01/2002	Y

End of Report

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Designation of Beneficiaries

Purpose: To designate your beneficiaries for gratuity pay, unpaid pay and allowances, or person to receive allotment of pay if missing or unable to transmit funds. This form replaces the applicable portions of form CG-4170A (Computer Generated).

This form does not designate Servicemembers' Group Life Insurance (SGLI) beneficiaries. Whenever you have a dependency change (i.e. spouse), you should also review SGLI beneficiary information. You change your SGLI beneficiary(ies) by completing a new SGLV-8286 (<http://www.insurance.va.gov/sallSite/forms/forms.htm>).

SECTION I - MEMBER DATA

1. Name (last, first, middle): NOEL, JESSICA ELLEN		2. Employee ID: 1190945
3. Rank/Rate: LTJG	4. Unit: USCGC HEALY (WAGB 20)	

SECTION II - BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILDREN
 Your spouse and eligible children are automatically designated by law as the beneficiary of your death gratuity, if they are alive after you die. Do not list your spouse or children here. In this section, list the blood relative (Parent or Sibling only) that you want to receive your Death Gratuity, in case your spouse and children are not alive after you die. (SEE REVERSE).

5	Name (First, MI, Last)	Address (including zip code) & Phone	Relationship
Principal	6a. [REDACTED]	6b. [REDACTED]	6c. [REDACTED]
	6d. (Person to receive gratuity if Principal is not alive when you die)	6e. Area Code & Phone:	6f.
Contingent	6a. [REDACTED]	6b. [REDACTED]	6c. [REDACTED]
	6d. (Person to receive gratuity if Principal is not alive when you die)	6e. Area Code & Phone:	6f.

SECTION III - BENEFICIARY(IES) FOR UNPAID PAY AND ALLOWANCES (SHARES MUST EQUAL 100%)

At least one beneficiary must be entered (SEE REVERSE)

6	Name (First, MI, Last)	Address (including zip code) & Phone	Relationship	Percent
6a.	[REDACTED]	[REDACTED]	[REDACTED]	100 %
6b. (Enter "N/A" if stock is 100%)	N/A	6c. Area Code & Phone:	6d.	%

b(6)
+
7(c)

SECTION IV - PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS (SEE REVERSE)

7	Name (First, MI, Last)	Address (including zip code) & Phone	Relationship	Percent
7a.	[REDACTED]	[REDACTED]	[REDACTED]	100 %
7b. (Enter "N/A" if stock is 100%)	N/A	7c. Area Code & Phone:	7d.	%

PRIVACY ACT STATEMENT

In accordance with 5 USC Section 552a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 USC 1475-1480, 10 USC 2771. Principal Purpose(s) - (1) Person(s) to receive death gratuity, (2) Person(s) to receive unpaid pay and allowances (arrears in pay), (3) Person to receive allotment of pay if missing or unable to transmit funds. Routine uses - To provide timely pay of certain benefits. Disclosure - Disclosure of this information is voluntary, but failure to provide this information may result in the inability or delay to pay certain benefits.

8. Member's Signature & Printed Name (first, middle, last): JESSICA ELLEN NOEL [REDACTED]	9. Date Signed: 2 Nov 04
10. Signature, Name, and Title of Witness: [REDACTED] <i>JN</i>	

Distribution: Original - Servicing Personnel Office/PERSRU for filing in Section 4 of PERSRU PDR
 Copy - File in Section 4 of Unit PDR if unit maintains PDRs

Continued on Next Page →

b(6) + 7(c)

BAH/DEPENDENCY DATA

EMPLID
1190945
SERVICING PERBRU
000054 - CG ISC SEATTLE
SPOUSE IN SERVICE INFORMATION

NAME
Noel, Jessica E.

RATERANK
Lieutenant Junior Grade
MARITAL STATUS
Divorced

CURRENT DUTY STATION
000796 - CGC HEALY
DATE OF MARRIAGE

DEPENDENCY DATA

NAME	DATE OF BIRTH:	DEPENDENCY DATE:	SOCIAL SECURITY NUMBER: RELATIONSHIP:
1 BAH ELIGIBLE DEPENDENT:			
NAME			
2 BAH ELIGIBLE DEPENDENT:			
NAME			
3 BAH ELIGIBLE DEPENDENT:			
NAME			
4 BAH ELIGIBLE DEPENDENT:			
NAME			
5 BAH ELIGIBLE DEPENDENT:			
NAME			
6 BAH ELIGIBLE DEPENDENT:			
NAME			
7 BAH ELIGIBLE DEPENDENT:			
NAME			
8 BAH ELIGIBLE DEPENDENT:			
NAME			
9 BAH ELIGIBLE DEPENDENT:			
NAME			
10 BAH ELIGIBLE DEPENDENT:			

FOR CG PERSONNEL SERVICE CENTER USE ONLY

The dependency status of the following family member(s) has been reviewed by PSC LGL in accordance with the CG Pay Manual, COMDTINST M7220.29(series) The family member(s) listed below are approved for BAH eligibility commencing on the date(s) indicated:

NBR:	DATE	NBR:	DATE	NBR:	DATE
NBR:	DATE	NBR:	DATE	NBR:	DATE

PSC APPROVAL SIGNATURE:

DATE:

MEMBER'S CERTIFICATION

By signature below, I certify that I am supporting the dependents listed above and I will notify my Commanding Officer/Office in Charge of any changes in dependency status. I am aware that making false statements on a claim against the U.S. Government is punishable by court-martial. 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 10, Section 287). I further certify that I have reviewed all entries on this form and by signature below, the information contained hereon is correct.

SIGNATURE OF MEMBER:

[Redacted Signature]

DATE:

2 NOV 04

COMPGEN - Previous editions are obsolete.

[Redacted Signature]

7 NOV 05

4,7c

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- Name or update your beneficiary
- Reduce the amount of your insurance coverage
- Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name: **NOEL** First name: **JESSICA** Middle name: **ELLEN** Rank, title or grade: **O-2** Social Security Number: [REDACTED]

Branch of Service (Do not abbreviate): **US Coast Guard** Current Duty Location: **USCGC HEALY**

Amount of Insurance

By law, you are automatically insured for \$400,000. If you want \$400,000 of insurance, skip to Beneficiary(ies) and Payment Options. If you want less than \$400,000 of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. If you do not want any insurance*, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage under the SGLI program.

I want coverage in the amount of \$ _____ Your initials _____
 I DO NOT WANT INSURANCE AT THIS TIME.
 (Write "I do not want insurance at this time.")

*Note: Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amount or fraction)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/> Additional Principals on page 5 (check if applicable)				
Contingent				
1. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/> Additional Contingents on page 5 (check if applicable)				

Additional Contingents on page 5 (check if applicable)

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions.
- The proceeds will be paid to beneficiaries as stated in #8 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.

SIGN HERE IN INK > [REDACTED SIGNATURE] (Your signature. Do not print)

Date: **7/22/05**

Do not write in space below. For official use only.

[REDACTED]	RANK, TITLE OR GRADE WO	ORGANIZATION US COAST GUARD	DATE RECEIVED 11/7/05
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SGLV 8285, September 2004

Original Copy - Member's Official Personnel File p. 2
Photocopy 1 - To Member
Photocopy 2 - To Active or Reserve Component of Uniformed Services

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1700
19 APR 06

MEMORANDUM

From: J. E. Hill, LT, [REDACTED] USCG

Reply to LT Jessica Hill
Attn of:

To: [REDACTED] CAPT [REDACTED] 5/3
Thru: (1) [REDACTED] LTJG [REDACTED] 4-21
(2) [REDACTED] CDR [REDACTED] LTJG

b(6) + 7(c)

Subj: RELIEF OF MORALE FUND CUSTODIAN

Ref: (a) Coast Guard Morale Well-Being and Recreation Manual, COMDINST M1710.13B

1. In accordance with reference (a), I have relieved LTJG [REDACTED] as the morale fund custodian.
2. The morale account still has significant discrepancies from the 3rd and 4th Quarter Reports in 2005 due to morale income that was not properly documented at the time, such as bingo revenues and soda machine profits. The account is currently undergoing an audit, once this is concluded, the 1st (present) quarter 2006 will be completed.
3. The checking account is balanced, the checkbook ledger is up to date, and all bank statements are accounted for.
4. All property has been accounted for.

#

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1544
13 June 2005

MEMORANDUM

From: [REDACTED], CAPT
Commanding Officer, USCGC HEALY (WAGB-20)

Reply to: LTJG Noel
Attn of: Ext. 316

To: LTJG Jessica E. Noel, DV USCG

Subj: DIVING REQUALIFICATION

Ref: (a) Coast Guard Diving Policies and Procedures, COMDTINST M3150.1

1. In accordance with reference (a), you have maintained your qualification as an active SCUBA Diver with the completion of the following dives during the period of November 2004 to May 2005:

- a. 10 Jan 05 cold water training dive at Alki Beach 44ft/10min
- b. 10 Jan 05 cold water training dive at Alki Beach 30ft/10min
- c. 10 Jan 05 cold water training dive at Alki Beach 20ft/10min
- d. 14 Mar 05 hull inspection and cleaning for CGC DORADO, 10ft/52min
- e. 15 Mar 05 pier inspection at STA Rogue River, 15ft/25min
- f. 18 Mar 05 hull inspection for CGC BLUEBELL, 19ft/29min
- g. 31 Mar 05 working dive for CGC HEALY, 45ft/39min
- h. 07 Apr 05 working dive for CGC HEALY, 37ft/98min
- i. 13 Apr 05 safety diver for EXO training dives at NOAA, 30ft/14min
- j. 13 Apr 05 safety diver for EXO training dives at NOAA, 30ft/24min

2. Completion of the above dives maintains your qualification status as an active diver for a six month period beginning 15 MAY 05. Your new lapse date is 15 NOV 05.

#

Copy: PERSRU Seattle
Unit PDR
BDO

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ACTIVE DUTY AGREEMENT

between

UNITED STATES OF AMERICA

DEPARTMENT OF HOMELAND SECURITY

U. S. COAST GUARD

and

JESSICA E. NOEL

This Agreement is entered into pursuant to the provisions of Sections 12311 and 12312 of Title 10, United States Code, and the delegation in 49 C.F.R. paragraph 1.46 (b), between the United States Coast Guard, represented by the officer signing this agreement, and the above named Contractor who is a member of the Coast Guard Reserve, a Reserve component of the Armed Forces of the United States.

Contractor requests a term of active duty of definite duration;

The period of active duty hereinafter specified exceeds by at least twelve (12) months and does not include any period of obligated or involuntary active duty to which Contractor is liable; and,

Contractor understands that the execution of this agreement does not obligate Contractor or the Coast Guard to enter into a new agreement after the expiration of the term of service hereinafter provided.

NOW THEREFORE, it is the understanding of the parties:

1. TERM OF SERVICE:

- (a) Contractor shall remain on active duty for a term of service of approximately 1 year and 10 months commencing on the 7th day of September 2004, and terminating on the 30th day of June 2006, both dates inclusive, unless the Coast Guard agrees to a request by the Contractor to be released from the active duty obligation, or the Contractor is involuntarily released as provided in paragraph 2.
- (b) *For direct commission lawyers, only:* Contractor may be involuntarily released from active duty if Contractor fails to be admitted to practice law in

addition to any pay and allowances, which Contractor may otherwise be entitled to receive. Fractions of a month less than fifteen (15) days shall be disregarded and fifteen (15) days or more shall be counted as one month.

3. VOLUNTARY RELEASE FROM ACTIVE DUTY

If, pursuant to Contractor's own request, the Coast Guard releases Contractor from active duty prior to the termination date specified herein, Contractor shall not be entitled to any amount of termination pay or other benefit provided in subparagraph 2 of this agreement.

IN WITNESS THEREOF, the parties hereto have executed this agreement on the 7th day of September, 2004.

THE UNITED STATES OF AMERICA

WITNESSES TO SIGNATURE OF CONTRACTOR:


Witness


Witness


Signature of Contractor


Contractor's Social Security No.

Lieutenant Junior Grade/ O-2
Contractor's Grade/Rate/Rank


Signature of Authorized Agent *1A07, USCG*

b(6) + 7(c)

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
ST. JOHNS COUNTY, FLORIDA

CASE NO. DR04-742
DIVISION: 57

IN RE: THE MARRIAGE OF
JESSICA E. NOEL,
Wife,

and


Husband.

REPORT OF FINDINGS AND RECOMMENDATIONS OF THE GENERAL MASTER

Upon the Petition for Dissolution of Marriage as being filed before the Court and the matter being referred to the General Master for proceedings, a hearing was held before the General Master on ~~11/15~~ 2004. The following were present at the hearing: XXX Wife (telephonically), and Husband.

Pursuant to the testimony and documentary evidence presented to the General Master, the following report and recommendation shall be submitted. The parties are notified that they shall have ten (10) days from the date of service of these Findings and Recommendations to file any Exceptions to the entry of an Order approving these Findings and Recommendations. The original Exceptions to the Findings and Recommendations of any party shall be filed with the Clerk of the Court with copies to the General Master and to opposing party and/or counsel. Should no timely Exceptions to the Findings and Recommendations be received, a proposed Order and a copy of the Findings and Recommendations will be forwarded to the Judge for appropriate action. The parties are further notified that service of this Report and Recommendations is deemed effective as of the date of mailing.

The testimony of the parties has been electronically recorded, and the tape of this hearing is specifically incorporated in and made a part of this report. The tape is available to the Court and to the parties for preparation of a transcript. Upon written request, a copy of the tape will be forwarded to the Official Court Reporter for transcription. The party requesting a transcript will be responsible for making the appropriate arrangements with the Official Court Reporter for payment of the transcript.

A. FINDINGS:

The General Master hereby finds as follows:

6,7c

- 1). The Court has jurisdiction over the parties and subject matter.
- 2). There are no minor children of the marriage.
- 3). The marriage is irretrievably broken.
- 4). The parties have freely entered into a Marital Settlement Agreement.
- 5). XXX The Wife has testified that she will waive the Period to File Exceptions.
XXX The Husband has filed an Answer and Waiver in this case.
_____ A Default has been entered against the Husband in this case.

B. RECOMMENDATIONS:

The General Master hereby recommends to the Court that a Final Judgment of Dissolution of Marriage be entered providing for the following:

1. Dissolving the marriage of the parties and restoring the status of the parties to being single and unmarried.
2. Restoring the name of the Wife to N/A.
3. Approving the Marital Settlement Agreement and incorporating it into the Final Judgment of Dissolution of Marriage.
4. Requiring the parties to comply with same.
5. Retaining jurisdiction to enforce the Final Judgment of Dissolution of Marriage.

E, GENERAL MASTER

I HEREBY CERTIFY that two copies of the Findings and Recommendations of the General Master have been furnished by U.S. Mail Hand Delivery to the above-styled parties at the addresses of record this _____ day of May, 2004.

GENERAL MASTER ASSISTANT

b(6) + 7(c)

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
ST. JOHNS COUNTY, FLORIDA

CASE NO. DR04-742
DIVISION: 57

IN RE: THE MARRIAGE OF
JESSICA E NOEL,
Wife/Petitioner,
and
[REDACTED]
Husband/Respondent.

FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE

THIS CAUSE was before the Court on February 18th, 2004 for Final Hearing on Petition for Dissolution of Marriage. The Court has jurisdiction over the parties and subject matter. There are no minor children of this marriage. The Petitioner has represented to the Court that there are no marital assets or liabilities. The marriage is irretrievably broken. Therefore, it is

ORDERED AND ADJUDGED AS FOLLOWS:

1. The marriage is dissolved and the parties are restored to the status of being single and unmarried.
2. Restoring the name of the Wife to N/A
3. Approving the Marital Settlement Agreement and incorporating it into the Final Judgment of Dissolution of Marriage
4. Requiring parties to comply with same.
5. Retaining jurisdiction to enforce the Final Judgment of Dissolution of Marriage.

ORDERED in Chambers at St. Augustine, St. Johns County, Florida this 2 day
of June, 2004.

JOHN M. ALEXANDER
JOHN M. ALEXANDER, Circuit Judge

Copies to:
Jessica Noel [REDACTED] St Augustine, FL 32084
[REDACTED]

617c

- 1). The Court has jurisdiction over the parties and subject matter.
- 2). There are no minor children of the marriage.
- 3). The marriage is irretrievably broken.
- 4). The parties have freely entered into a Marital Settlement Agreement.
- 5). XXX The Wife has testified that she will waive the Period to File Exceptions.
XXX The Husband has filed an Answer and Waiver in this case.
_____ A Default has been entered against the Husband in this case.

B. RECOMMENDATIONS:

The General Master hereby recommends to the Court that a Final Judgment of Dissolution of Marriage be entered providing for the following:

1. Dissolving the marriage of the parties and restoring the status of the parties to being single and unmarried.
2. Restoring the name of the Wife to N/A.
3. Approving the Marital Settlement Agreement and incorporating it into the Final Judgment of Dissolution of Marriage.
4. Requiring the parties to comply with same.
5. Retaining jurisdiction to enforce the Final Judgment of Dissolution of Marriage.

GENERAL MASTER

I HEREBY CERTIFY that two copies of the Findings and Recommendations of the General Master have been furnished by U.S. Mail Hand Delivery to the above-styled parties at the addresses of record this _____ day of May, 2004.

GENERAL MASTER ASSISTANT

b (6) + 7 (c)

**ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES**

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275 504, 508, 510, 591, 872(d), 678, 837, 1007, 1071, through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Orders 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U. S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to provide promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) NOEL, JESSICA ELLEN		2. SOCIAL SECURITY NUMBER [REDACTED]		
3. HOME OF RECORD (Street, City, State, Zip Code) [REDACTED] AL 36528		4. PLACE OF ENLISTMENT/REENLISTMENT (Mil. Installation, City State) CGRUITOFF MOBILE, AL		
5. DATE OF ENLISTMENT/ REENLISTMENT (YYYYMMDD) 20010929	6. DATE OF BIRTH 19741120	7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS
		a. Total Active Military Service	00	00
		b. Total Inactive Military Service	00	00

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (list branch of service) COAST GUARD RESERVES this date for EIGHT years and 00 weeks beginning in paygrade SAOC. The additional details of my enlistment/reenlistment are in Section C and Annex(es) CG 3211

a. **FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):**
I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYYYMMDD)) _____ for enlistment in the Regular component of the United States (list branch of service) _____ for not less than _____ years and _____ weeks. My enlistment in the DEP is in a non pay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. Remarks: (if none, so state.)

c. The agreements in this section and attached annex(es) are all promises made to me by the Government. **ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**

(Initials of Enlistee/Reenlistee) [REDACTED]

(Continued on reverse side.)

6,7c

A A A A A A
NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE

NOEL, JESSICA ELLEN

[REDACTED]

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (if none, X "NONE" and initial)

NONE [REDACTED] (Initials of enlistee/reenlistee)

b. SIGNATURE OF ENLISTEE/REENLISTEE c. DATE SIGNED (YYMMDD)

[REDACTED]

20010929

14a. On behalf of the United States (list branch of service) **COAST GUARD RESERVES** I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreement in Section B of this form and in the attached Annex(es) will be honored, any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT/COMMAND NAME
BMCS	E-8	CGRUITOFF MOBILE, AL
e. SIGNATURE	f. DATE SIGNED (YYMMDD)	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)
[REDACTED]	20010929	CGRUITOFF Mobile Festival Ctr. 3725 Airport Blvd. Suite 148 Mobile, AL 36608

b(6)
+
7(c)

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):
I, JESSICA ELLEN NOEL, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me GOD.

16. IN THE NATIONAL GUARD (ARMY OR AIR):
I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; and that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):
I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____ 19____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE/REENLISTEE b. DATE SIGNED (YYMMDD)

[REDACTED]

20010929

19a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT/COMMAND NAME
BMCS	E-8	CGRUITOFF MOBILE, AL
e. SIGNATURE	f. DATE SIGNED (YYMMDD)	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)
[REDACTED]	20010929	CGRUITOFF Mobile Festival Ctr. 3725 Airport Blvd. Suite 148 Mobile, AL 36608

6,7c



1321
02 September 2004

MEMORANDUM

From: [redacted] ^{email} CDR /s/
CGPC-opm-1

Reply to: CGPC-opm-1E
Attn of: [redacted], LT

To: J. E. Noel, LTJG
Thru: CGC HEALY (WAGB-20) [redacted] 9/7/04

b(6) + 7(c)

Subj: RESERVE EXTENSION

Ref: (a) CG Personnel Manual, COMDTINST M1000.6, Art 1.B.2

1. Your request to extend your Active Duty Agreement is approved.
2. Please execute a new Active Duty Agreement, and return it to Commander, Coast Guard Personnel Command (opm-1) within five days of receipt of this letter. The Active Duty Agreement should be downloaded from the CG Intranet under "EAD Contract Template" at http://cgweb.uscg.mil/g-w/cgpc/opm/opm1/promo/Active_Duty_Agreement.htm.
3. By law, active duty agreements must be executed for at least one year. Your new agreement commences on the date you actually sign it and is authorized through 30 June 2007. Instructions for completing active duty agreements are published in reference (a). This agreement will supersede any previous agreement in effect.
4. The length of the agreement offered is determined by your promotion status. The termination date is usually either your current rotation date or 30 June following the next selection board to consider you for promotion. You may choose a termination date sooner than the date authorized above as long as the length of the agreement is at least one year. Due to the potential impacts on your career status and the Service, you must contact LT Firestine at the number above to receive approval to change your contract expiration date.
5. If you desire not to extend you must submit a memo request, with a command endorsement, to be released from active duty, to Commander, Coast Guard Personnel Command (opm-1) within five days of receipt of this letter.
6. Congratulations on your selection for extension and best wishes for continued success throughout your Coast Guard career.

#

Copy: CG ISC Seattle
CGPC-rpm

6,7c

U.S. Department of
Homeland Security

United States
Coast Guard



Commanding Officer
USCGC HEALY (WAGB-20)

1519 Alaskan Way South
Seattle, WA 98134

Phone: (206) 217-6300
Fax: (206) 217-6309
Email:

1601
06 May 2005

MEMORANDUM

From: [REDACTED] CAPT
Commanding Officer, USCGC HEALY (WAGB-20)

To: LTJG Jessica E. Noel 1190945, USCG

Subj: DESIGNATION AS UNDERWAY OFFICER OF THE DECK

Ref: (a) Underway Duty Qualification Requirements, HEALYINST 3502.2
(b) United States Coast Guard Regulations, COMDTINST M5000.3B (Series)
(c) USCGC HEALY Standing Orders to the OOD, HEALYINST M1603.1B
(d) USCGC HEALY Navigation Standards, HEALYINST 3530.1
(e) Watch Officers Guide

1. Having completed reference (a), demonstrated your knowledge and passed an examination board, you are hereby designated as an Underway Officer of the Deck aboard HEALY in other than ice covered waters.
2. As Officer of the Deck on HEALY, you will carry out your duties and responsibilities in accordance with references (a) through (e) and other pertinent directives and instructions referenced therein.
3. Your responsibilities as Officer of the Deck demand the highest order of attention and dedication of duty. The safety of HEALY and the lives of all personnel embarked are in your hands when you are on watch. Personal dedication, the use of practical experience, observation, study and eternal vigilance will all contribute to your carrying out the important duties of Underway Officer of the Deck aboard HEALY.
4. Congratulations on this significant professional achievement.

#

Copy: Training Record
Unit PDR
Day File

175 PAGE 26 OF 70 PAGES.

6,7c

Department of Transportation
 U. S. Coast Guard
 CG HRSIC-2020 (Rev. 05-02)

Dependency Worksheet

EMPLID 1190945	Name (Last, First, MI) Noel, Jessica E.	Permanent Unit CGC Healy
--------------------------	---	------------------------------------

PURPOSE: Use this form to add/delete BAH eligible dependent(s) listed on your CG-4170A.

EMERGENCY DATA: Report changes in beneficiaries and other emergency data information by updating/completing a CG-4170A.

DEERS: When reporting dependency changes you must also complete a DD-Form-1172 at your servicing ID card issuing facility to update the DEERS database. When adding dependents, failure to update DEERS will result in denial of medical/dental benefits. When deleting dependents, failure to update DEERS could result in continued deductions of premiums for the Family Member Dental Plan (FMDP) or medical/dental benefits being provided to a person who is no longer eligible.

<input type="checkbox"/> Add dependent, (see documentation requirements on reverse side)	<input checked="" type="checkbox"/> Delete dependent Reason: Divorce (Attach documentation as applicable)
Name (Last, First, MI): [REDACTED] Jr.	
Address (Street, City, State, Zip): [REDACTED]	

6(c)
+
7(c)

AC & Home Phone:	AC & Work Phone:	Relationship: Husband
Date of Birth:	Dependency Date:	Date of Marriage:
		Notify in case of emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO

If spouse is in the service provide: SSN (above) Branch: _____ Duty Station: _____

If the dependent child does not reside with you provide: Amount of support \$ _____ Date of divorce/separation: _____

<input type="checkbox"/> Add dependent, (see documentation requirements on reverse side)	<input type="checkbox"/> Delete dependent Reason: _____ (Attach documentation as applicable)
--	---

Name (Last, First, MI): _____	SSN: _____	
Address (Street, City, State, Zip): _____		
AC & Home Phone:	AC & Work Phone:	Relationship:

Date of Birth:	Dependency Date:	Date of Marriage:	Notify in case of emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO
----------------	------------------	-------------------	--

If spouse is in the service provide: SSN (above) Branch: _____ Duty Station: _____

If the dependent child does not reside with you provide: Amount of support \$ _____ Date of divorce/separation: _____

Name of Custodian _____ Method of support _____

PRIVACY ACT STATEMENT

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 37 USC Section 403. Principal Purpose(s) - Used to indicate start or change in dependency. Routine uses - same. Disclosure - Disclosure of this information is voluntary, but without disclosure inaccuracies may occur with member's current dependent status, which in turn may effect the member's pay.

Member's Signature [REDACTED]	Date: 25 Jun 04	For PERSRU Use Only	
Command Approval	Date:	Action Completed Date:	Initials:

Supporting documentation requirements are listed on the reverse side of this worksheet. →

6,7c



1421

APR 11 2006

MEMORANDUM

From: [redacted], CDR
CGPC-opm-1

Reply to: CGPC-opm-1E
Attn of: [redacted] LT

To: J. E. Hill, LT, 1190945
Thru: CGC HEALY (WAGB 20)

b(6) + 7(c)

Subj: APPOINTMENT AS A PERMANENT COMMISSIONED OFFICER

Ref: (a) CG Personnel Manual, COMDTINST M1000.6A
(b) Policy Change for Integration of Temporary Officers, ALCOAST 250/01
(c) Weight/Physical Fitness Standards for Coast Guard Military Personnel,
COMDTINST M1020.8(series)

1. I am pleased to inform you that pursuant to the authority of Section 211, Title 14, U. S. Code, the President, by and with the advice and consent of the Senate, offers you appointment as a permanent commissioned officer in the grade of lieutenant in the U. S. Coast Guard.
2. The provisions of Article 5.A.12 of reference (a) apply with respect to delivery or withholding of this letter. If you accept this appointment, execute and sign an oath of office (CG-9556). Failure to do so may cause temporary interruption of your pay. Reserve commissioned officers who accept this appointment are resigning their reserve commission upon execution of this oath of office.
3. Forward the original of the executed oath to your PERSRU/SPO and a copy to Commander, Coast Guard Personnel Command (opm-1) within five days after receipt of this letter. Your local personnel reporting unit is not required to submit a PMIS transaction, nor issue a certificate of release or discharge (DD-214) or Honorable Discharge Certificate (DD-256-CG).
4. By accepting integration, Article 12.C.5 of reference (a) requires you to serve at least 10 years' active service as a commissioned officer prior to voluntarily retiring. This includes any previous active service as a temporary or reserve commissioned officer.
5. If you choose to decline this appointment sign and return the enclosed memorandum within 5 days of receipt of this letter. In accordance with reference (b), if you received your temporary commission either through the CWO to LT Program, a Direct Commission Officer (DCO) Program, or the Physician Assistant (PA) Program, you have the option to decline this permanent appointment and maintain your temporary commission. Officer Candidate School graduates with temporary or reserve commissions or any other Reserve Officers are required to integrate, and action will be initiated to release you from active duty in accordance with article 1.A.9 of reference (a).
6. Prior to administering the oath of office, your commanding officer shall confirm that you (1) comply with reference (c), (2) are not the subject of, or party to, an investigation which could result in adverse action against you, (3) are not an accused pending proceedings under the Uniform Code of Military Justice, and (4) are not the subject of a pending administrative board for possible separation.

175

SUBJ. APPOINTMENT AS A PERMANENT COMMISSIONED OFFICER

1421

APR 11 2006

7. I extend my personal congratulations to you on your appointment as a permanent commissioned officer and wish you continued success throughout your Coast Guard career.

#

Enclosure

U.S. DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
CG-9556 (Rev. 6-04)

ACCEPTANCE AND OATH OF OFFICE

TODAY'S DATE
20Apr2006

To: Commandant

I accept this appointment in the United States Coast Guard / ~~Coast Guard Reserve~~ (strike out one) in the grade of Lieutenant (O-2)

with rank as such from (date of rank) 13Feb2006

This information was transmitted by Commandant's letter/message (ssic/dtg) 082130Z Nov05 dated 8 Nov 2005

Having accepted this appointment, I, Jessica E. Hill, do solemnly

swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic, that I will bear true faith and allegiance to the same, that I take this obligation freely, without any mental reservation or purpose of evasion, and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

Name (Last, First, Middle)

Hill, Jessica E.

Soc. Security No.

Legal Residence (City and State)

St. Augustine, Florida

Grade

O-2

DOR

13Feb2006

Signature of Appointee

Subscribed before me this 20th day of April, 2006

Signature of Officer
Administering Oath

Officer's Name
and Title

ENS

NOTE: The above oath should be executed before one of the following officials: any commissioned officer of the Armed Forces; A United States Commissioner; a Judge of a Court of Record; a Clerk of a Court of Record; a Notary Public; A Justice of the Peace.

PRIVACY ACT STATEMENT

IN ACCORDANCE WITH 5 USC 552a(e) (3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U. S. COAST GUARD.

1. **AUTHORITY** WHICH AUTHORIZED THE SOLICITATION OF THE INFORMATION: 14 USC 211-722.
2. **PRINCIPAL PURPOSE(S)** FOR WHICH INFORMATION IS INTENDED TO BE USED: TO ESTABLISH AN OFFICIAL RECORD OF ACCEPTANCE OF COMMISSION IN THE U. S. COAST GUARD OR U. S. COAST GUARD RESERVE.
3. **THE ROUTINE USES** WHICH MAY BE MADE OF THE INFORMATION: TO PROVIDE VERIFICATION OF DATE OF RANK OF OFFICERS OF THE U.S. COAST GUARD OR U. S. COAST GUARD RESERVE.
4. **WHETHER OR NOT DISCLOSURE** OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (REQUIRED BY LAW OR OPTIONAL) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION: DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO DISCLOSE THE INFORMATION RESULTS IN NON ISSUANCE OF COMMISSION.

U.S. Department of
Homeland Security

United States
Coast Guard



Commanding Officer
USCGC HEALY (WAGB 20)

1519 Alaskan Way, South
Seattle, WA 98134
Phone: 206-217-8300
Fax: 206-217-6309
Email: [redacted]@healy.uscg.mil

1070
24 Feb 2006

MEMORANDUM

From: LT Jessica E. Noel, 1190945, USCG

Reply to YNC [redacted]
Attn of: [redacted]@healy.uscg.mil

To: CGC HEALY (WAGB 20)

Thru:

Subj: REQUEST NAME CHANGE

Ref: (a) CG Personnel and Pay Procedures Manual, PSCINST M1000.2A

1. Per reference (a), I request to change my name from Jessica E. Noel to Jessica E. Hill. My SSN [redacted] and my EMPLID 1190945.

#

24 Feb 2006

FIRST ENDORSEMENT

From: [redacted] YNC, USCG
CSC HEALY

b(6) + 7(c)

To: LT Jessica E. Noel, 1190945, USCG

1. Your request above is approved.

#

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PAGE 31 OF 76 PAGES.

U.S. Department of
Homeland Security
United States
Coast Guard



Commanding Officer
USCGC Healy (WAGB-20)

1519 Alaskan Way South
Seattle, WA 98134
Phone: (206) 217-6300
Fax: (206) 217-6309

*Scanned +
emailed
5/9*

1544
28 April 2006

MEMORANDUM

From: [REDACTED], CAPT
CGC HEALY (WAGB-20)

Reply to: LT Hill
Attn of: Ext. 304

To: LT J.E. HILL 1190945, USCG

Subj: DIVING REQUALIFICATION

Ref: (a) Coast Guard Diving Policies and Procedures, COMDTINST M3150.1B

1. In accordance with reference (a), completion of the dives listed below maintains your qualification as an active diver for the six month period beginning 16 May 2006. Your new lapse date is 15 November 2006.

- a. 19 November 2005 training dive in Cabo san Lucas, Mexico, 60 feet / 50 minutes
- b. 19 November 2005 training dive in Cabo san Lucas, Mexico, 50 feet / 40 minutes
- c. 10 April 2006 team dive at Edmonds Underwater Park, WA, 30 feet / 30 minutes
- d. 10 April 2006 team dive at Edmonds Underwater Park, WA, 20 feet / 15 minutes

#

Copy: SPO
Unit PDR

175

PAGE 32 OF 76 PAGES.

Please fill out online or print neatly! This authorization supercedes previous applications.

Department of Homeland Security
U. S. Coast Guard
CG PSC 7421/2 Rev 07/05

Direct-Access User Access Authorization And Payment Approving Official (PAO) Designation

1. User's Name (Last, First, MI.) (Please print) NOEL, JESSICA E.	2. Rank/Rate: O-2	3. Employee ID # (Not SSN) 1190945
4. Dept ID/Unit Name (Include Staff Symbol) 000796 USCGC HEALY	5. Area Code & Phone Number: 206- [REDACTED]	6. e-Mail address: jnoel@healy.uscg.mil

7. User Role Description (see instructions) (Include current roles, this authorization supercedes all of your previous authorizations):
- CGSSCMD**—Command User (evals, drills, Airport Terminal, etc.)
 - CGEMPREV** — Employee Review Only (not needed if you have CMD or HRS)
 - CGRSVMGR** — Create, review, and endorse requests for reserve orders.
 - CGAIRTRM**—Airport Terminal Only (Relocation Specialists/Housing Office)
 - CGFIELDADM**—Unit with access to Member Competencies (Quals, Awards & Schools) (Route request through servicing SPO)
 - CGGWIS** —Global Workforce Inquiry System
 - CGHRS** — (SPO) DEPT ID [REDACTED]
 - CGHRSUP**—(SUPERVISOR, Payment Approving Official (PAO)) (Application must be approved by PSC (MAS))
- ACOMAS: Name/Sign: [REDACTED]
- CGMRS** — Medical Readiness System Clinical Access (Med care providers)
 - CGTRNOFF** — Electronic Training Request (ETR)
 - CGSECURN**—Unit Security Manager (View Only) (Application must be approved by cognizant Area/District Security Manager)
- Dist/Area SecMgr Name/Sign: [REDACTED]
- CGSECUVW**—Area/Dist Security Manager (View Only). Fax completed form to COMDT (CG-88) at 202-267-4949.
- CG-88 Name/Sign: [REDACTED]
- HQ/CGPC/TQC/TRACENS/PSC Only—
- CGTRNFAC**—Training Center (TAS Course Sessions)
 - CGTRNTQC**—TQC/TAS Course Scheduler
 - CGASGN**—CGPC (epm/opm) or ISC(fot) Assignment Officer
 - CGRSVISC/CGRSVORD**—Reserve Orders Approval/Funding, ISC(fot) only.
 - Others Not Listed.** Please describe what you need to access in Direct-Access.

Scope of Authorization

Subject to the limitations that follow, the user is authorized access to the computer systems identified above. This authorization contains no implied authorization to access any computer system of the United States Government not specifically identified herein. Authorization will be revoked upon separation, retirement, reassignment of duties, change of organization or when determined by the Information Systems Security Officer to be in the best interest of the Government.

WARNING: Only Authorized Users May Use These Systems.

To protect these systems from unauthorized use and to ensure that these systems are functioning properly, system administrators monitor these systems.

Individuals using these systems without authority, or in excess of their authority, are subject to having all of their activities on these systems monitored and recorded by system personnel. In the course of monitoring individuals improperly using these systems, or in the course of system maintenance, the activities of authorized users may also be monitored.

Anyone using these systems expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, management may authorize system personnel to provide the evidence of such monitoring to law enforcement officials.

8. Authorizing Official (Signature, Typed or printed name, Rank, Title (CO/OIC, XO/XPO or HQ/CGPC/AREA/MLC/DIST Branch Chief) and Phone

I certify that the access I have authorized is based on an official need. I'm aware of the general functionality I have authorized and I'm aware of what this will allow this member to complete. This member has demonstrated that they are knowledgeable in the use of the program I've authorized and has my confidence that they will diligently make entries and if in doubt they will seek assistance. I also acknowledge that if I lose confidence in this member for any reason I have a responsibility to withdraw this authorization.

Signature, PRINTED or TYPED Name, Rank, Title (see instructions), **208-84-1897** phone

CDR EXECUTIVE OFFICER

9 Date: **8/12/05**

Acknowledgment: I understand that I am authorized to access the Direct-Access system and that accessing it for purposes beyond the Scope of Authorization is a violation of Federal law (18 U.S.C. 1030 et al). My password meets the DOT Information Systems Security requirements, and I may be held responsible for my inappropriate protection or sharing of my password. I understand that prior to entering any transactions into Direct-Access I must be knowledgeable on the validity of the entry, the impact of that entry within Direct-Access, and the impact on the member. I also understand that I must cite appropriate source documents (e.g. award citations, letters of authorization, etc.) prior to entering data into Direct-Access. I understand that I am fully accountable to the Coast Guard and may be found liable for erroneous or improper entries/payments until properly relieved of accountability. Personal monetary liability, adverse personal evaluation, and or further administrative or disciplinary actions may result if I am found negligent in the performance of my duties.

10. User's Signature: [REDACTED]

11. Date: **12 Aug 05**

(For PSC Use Only) Direct-Access Security Administrator And PAO Validation/Designation

Fax to: (785) 339-3772

Operator ID (if not = to EmplID): [REDACTED] OPRCLASS: **Direct-Access Security Administrator** Signature: [REDACTED] Date: [REDACTED]

Previous editions are obsolete and may not be used.

J. C. JACKSON

6.7c

U.S. Department
of Transportation

United States
Coast Guard



Commanding Officer
United States Coast Guard
USCGC HEALY (WAGB-20)

1519 Alaskan Way, South
Seattle, WA 98134
Phone: (206)217-6300
Fax: (206)217-6309

17 August 2006

Dear Ms. [REDACTED]

b(6) + 7(c)

Please accept my deepest sympathy on the death of your sister, LT Jessica Hill, and allow me to tell you what we know about the circumstances surrounding her death. Jessica was engaged in a scuba diving operation in the Arctic at position 77-13N 177-42W when a problem was detected by the support crew tending her safety line. She was pulled to the surface and received immediate treatment by our medical staff. Despite these efforts, she could not be revived. Her death is suspected to have been caused by an arterial embolism. At this point, I do not know what transpired below the surface and thus what caused this tragedy. In the coming days, all the details of this incident will be thoroughly investigated so that we may best understand what caused the death of your sister. I will keep you informed as this investigation progresses.

I am available to provide you information at any time at sea at 808-434-4897.

Sincerely,

[REDACTED]

Douglas G. Russell
Captain, U. S. Coast Guard
Commanding Officer
USCGC HEALY (WAGB-20)

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PAGE 34 OF 76 PAGES.

6,7C

AR: SEATTLE 212P ELAPSED TIME- 5:12
SNACK SEAT-22C

06 JUL 05 - WEDNESDAY

TOUR

THANK YOU FOR YOUR BUSINESS - [REDACTED]

b(6) + 7(c)

FOR AFTER HOURS EMERGENCY SERVICE PLEASE CALL 800 827-7777

YOUR PERSONAL ID NUMBER IS: AL5X/47200

THERE IS A NONREFUNDABLE TRANSACTION FEE OF 27.00

FOR DOMESTIC AND INTERNATIONAL TICKETS

ROUTING SYMBOL: 2885

WWW.VIEWTRIP.COM RESERVATION NUMBER S2V3V0

THIS IS AN ELECTRONIC TICKET - YOUR BOARDING PASS WILL
BE ISSUED UPON CHECK-IN ALASKA LOCATOR DJAPGX

GOVERNMENT OFFICE

[REDACTED] WA [REDACTED]

PHONE: (509) [REDACTED] NOEL/JESSICA

FAX: (509) 3 [REDACTED]

USCG ISC SEATTLE
1519 ALASKAN WAY SOUTH
SEATTLE WA 98134

USCG ISC SEATTLE
1519 ALASKAN WAY SOUTH
SEATTLE WA 98134

MAR 23 2005 ITIN DXXKS

AIR TRANSPORTATION	1159.44	TAX	59.35	TTL	1218.79
SUB TOTAL			1218.79		
AMOUNT DUE			1218.79		

██████████ YNC

From: Noel, Jessica LTJG
Sent: Wednesday, March 23, 2005 8:50 AM
To: ██████████ YNC
Cc: ██████████ LCDR
Subject: FW: 4-03 Noel

b(6) + 7(6)

YNC - Here is my entire itinerary for my trip to Fairbanks. Flight, hotel, rental car.
JN

-----Original Message-----

From: ██████████ [mailto:██████████@carlsontravel.com]
Sent: Wednesday, March 23, 2005 8:44 AM
To: Noel, Jessica LTJG
Subject: 4-03 Noel

GOVERNMENT OFFICE

PHONE: (509) ██████████ NOEL/JESSICA
FAX: (509) 327-██████████

USCG ISC SEATTLE USCG ISC SEATTLE
1519 ALASKAN WAY SOUTH 1519 ALASKAN WAY SOUTH
SEATTLE WA 98134 SEATTLE WA 98134

MAR 23 2005 ITIN DXXKS

03 APR 05 - SUNDAY
ALASKA 81 COACH CLASS EQUIP-734
LV: SEATTLE 600A ONE STOP MILES-1533 CONFIRMED
AR: FAIRBANKS 1016A ELAPSED TIME- 5:16
SNACK SEAT- 7C

BUDGET 1 COMPACT 2/4 DR CONFIRMED
PICKUP-FAIRBANKS 6450 AIRPORT WAY STE 6
DROP-06APR
PHONE-907-474-0855 CONFIRMATION-12877223US2
RATE- 39.00 DAILY EXTRA HOUR-13.00
MILEAGE-UNL/FM

SPRINGHILL SUITES 03 NT/S - OUT 06APR CONFIRMED
SPRINGHILL STES FAI 1 GOVERNMENT ROOM/S GUARANTEE-CREDIT CARD
575 1ST AVENUE PHONE-907 451-6552 RATE- 75.00
FAIRBANKS AK 99701 RATESTATUS-GUARANTEED
FAX-907 451-6553
CONFIRMATION-80144952
CANCEL BY 4PM HOTEL TIME DAY OF ARRIVAL TO AVOID BILLING

06 APR 05 - WEDNESDAY
ALASKA 190 COACH CLASS EQUIP-734
LV: FAIRBANKS 800A ONE STOP MILES-1533 CONFIRMED

3/24/2005

13

Department of
Homeland Security
U.S. Coast Guard
CG-4251 (3/03)

MILITARY TEMPORARY DUTY (TDY) OR CIVILIAN TEMPORARY DUTY (TD) TRAVEL ORDERS

Employee ID No.
1190945

1. Name of Traveler (Last Name, First Name, MI)
NOEL, JESSICA E.

2. Grade/Rank
LTJG/O2

3. Current Duty Station:
CGC HEALY

4. Work Phone Number:
206-217-6300

5. Departure Date:
03APR05

6. Expected Date of Return to PDS:
07APR05

7. Estimated Days:
6

8. Order Issuing Authority:
CO'S VERBAL

9. Authorized 0 days of Leave
Dates of LV: to

10. BLANKET ORDERS FOR REPEAT TRAVEL (Doc type 13 TONO) (NOTE: A copy of this blanket order must be attached to each submission of DD-1351-2)
Period of travel from to (See Block 12 for Geographical location)

11. FOR MEDICAL TRAVEL: Inpatient Outpatient Attendant Escort

12. A. REPORT TO: UNIT / CITY / COUNTY / STATE / COUNTRY
SCIENCE PLANNING CONFERENCE

B. Purpose of TDY:
CONFERENCE

C. Dates of TDY:
03APR-06APR05

D. Authorized Variations
 Yes No

13. Remain Over Night (RON) awaiting transportation may be authorized for night(s) at (locality)

14. CURRENT MESSING ENTITLEMENT AT PERMANENT DUTY STATION: (Choose only one) ESMEUM ENL BAS ENL REG BAS

15. PER DIEM
Max Locality Per Diem Rate: Lodging \$75 M&IE \$63
(Lodging Receipts required for reimbursement)

QUARTERS

GOVERNMENT Use Directed (fee reimbursable)

COMMERCIAL Lodging (Gov't Quarters NOT Available)

MESSING

GOVERNMENT Rate (Military Only)

Mess is Directed for ALL three meals

Proportional Rate

Reduced per diem of \$ (IAW COMDT (G-WPM-2) LTR 4600 of

COMMERCIAL Rate (Full Locality Per Diem)

Reduced per diem of \$ (Civilian Only)

NO PER DIEM Authorized (Civilian Only)

Exemption: Actual Expense Authorized (REF U4210-A, JFTR)
The Amount \$ per day allowed at for period

16. MODE OF TRAVEL: (Mode of travel to TDY site and RETURN) (Arrange Official travel from either a CTO, in-house tvl office or TMC, US120, JFTR)

Commercial Carrier (At own expense subject to reimbursement)

GOVT Procured Transportation Tickets (GTA)

GOVT Owned Conveyance Auto Vessel Plane

Privately Owned Conveyance (POC): Car Airplane Motorcycle

POC is more advantageous to the Gov't

POC is authorized not to exceed the cost of a GTR \$

17. TRAVEL AT TDY SITE:

Rental Car (compact) Upgrade Authorized - size

Local travel: taxi / bus / metro / other public conveyance

18. AUTHORIZED REIMBURSABLE EXPENSES:

Registration Fees (if meals are included - report in Block 19, DD-1351-2)

Conference Cost (per U2550, JFTR & 301-74.2, FTR)

Excess baggage.

Official Communication Service fees (phone, fax, data service, etc.)

Personal Telephone Calls NTE \$ daily.

Civilian Travelers Only: One telephone call authorized per day NTE \$5 (INCONUS) \$10 (OCONUS)

19. REMARKS / AUTHORIZATIONS / ADDITIONAL INSTRUCTIONS:
AUTH TRAVEL FM SEATTLE, WA TO FAIRBANKS, AK AND RTN. FAA SECURITY REGULATIONS 10 8-0 1-10E 20NOV2001 SEC 2, PARA B1 SELECTEE EXEMPTIONS RANDOM BAG CHECK
(A receipt is required for any expenses \$75.00 or greater)

If Training, Insert CGHRMS Course ID:

20. TRAVEL ADVANCE AUTHORIZATION:
Travel advance is authorized in the amount of \$ 0000 GOVT Travel Charge Card holder Not a GOVT Travel Charge Card holder / Charged to TONO (Attach SF-1038)

21. Coast Guard Travel Order Number (16 digits) 11058556GDT120000

Travel funds are chargeable against: (if travel spans over FY's, provide tano/accnt. string for both FY's)

2	6	501	133	30	0	GD	14102	2110	\$ 2050
2					0				\$

Doc Type	Fiscal Year	Site Code	C O	R D	Prog Element	Document Sequence	Suffix	Agy Cod	Reg Dist	Appn Code	Lim Code	Allot Fund	Allot Inv	Program Element	Cost Center	Object Class	Estimated Cost

21a. Date _____ Signature (Approving Official) _____

21b. Date _____ Signature (Fund Certification) _____

22. If Using Other Gov't Agency Funds, Contact FINCEN (OGQ) and Insert Reimbursable Agreement Number (RAN):
Except as noted the approved TDY is authorized and directed. Proceed and report to the places and in the order listed in block 12 above. Deviations should not be made to visit places or areas not listed in block 12 above, without prior written or verbal orders from proper authority. Upon completion of the TDY directed, return to this command and resume your regular duties.

23. AUTHORIZING OFFICIAL SIGNATURE (Name, Rank, Title)
? YNC, USCG, BYDIR

AO's Phone Number
206-217-6300

24. TRAVELERS SIGNATURE _____ Date _____

25. Use this block to amend the order when not previously authorized after travel has been completed (may be handwritten).

Must be signed by Approving Official Only: _____ Date: _____
Abbreviation Defined in APP A, JFTR
Applicable Privacy Act Statement is on DD-1351-2R
PREVIOUS EDITIONS ARE OBSOLETE
Use Travel Voucher DD-1351-2 (June 2002) Version.

b(6) + 7(6)

TRAVEL VOUCHER OR SUBVOUCHER

(Daily Expenses)

4. NAME (Last, First, Middle Initial)

NOEL, JESSICA E

Date	Day Type	Daily Lodging	Computed Meal Types			Claimed Meal Types			Actual Expenses Claimed			
			Br	Lu	Dn	Br	Lu	Dn	Br	Lu	Dn	Inc
04/03/2005	LDP	75.00	CM	CM	CM	CM	CM	CM				
04/04/2005	LDP	75.00	CM	CM	CM	CM	CM	CM				
04/05/2005	LDP	75.00	CM	CM	CM	CM	CM	CM				
04/06/2005	LDP	0.00	CM	CM	CM	CM	CM	CM				

Day Types

LDP = Lodging Plus, OB = OnBoard Ship, FD = Field Duty, SD = Sea Duty, LV = Leave, AE = Actual Expense, AELP = Actual Expense/Meals LDP
 GRP = Group Travel, FLT = Flat Per Diem, RED = Reduced Per Diem, AF = Alaskan Ferry, NP = No Per Diem, SAE = 300 % AE, SAELP = 300 % AELP

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TRAVEL VOUCHER OR SUBVOUCHER

UTS FILE NO. 827806

Read privacy act statement, penalty statement and instructions on back before completing form. Use typewriter ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed continue in Remarks.

1. PAYMENT REQUIRED BY (X one) <input checked="" type="checkbox"/> Electronic Funds Transfer (EFT) <input type="checkbox"/> Payment By Check Split Disbursement: Amt to Govt. Tvl Charge Card \$		2. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		FOR D.O. USE ONLY	
4. NAME (Last, First, Middle Initial) (print or type) NOEL, JESSICA E		5. GRADE O2		6. SSN [REDACTED]	
7. ADDRESS a. NUMBER AND STREET USCGC HEALY 1519 ALASKAN WAY S		b. CITY SEATTLE		c. STATE WA	
				d. ZIP CODE 98134	
8. DAYTIME TELEPHONE NUMBER & AREA CODE 206-217-6300		9. TRAVEL ORDER NUMBER 11058558GDT12000		10. PREVIOUS GOVERNMENT PAYMENT / ADVANCES (Do not include ATM Advances)	
11. ORGANIZATION AND STATION 2114102 - CGC HEALY (WAGB 20)		12. DEPENDENTS (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		13. DEPENDENTS ADDRESS ON RECEIPT OF ORDERS (include Zip Code)	
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. Date of Birth or Marriage	
15. ITINERARY		14. Have Household Goods Been Shipped? (X one) YES <input type="checkbox"/> NO (Explain in Remarks)		d. COMPUTATIONS	
a. DATE 05	b. PLACE (home, office, base, activity, city and state, city and country, etc.)	c. MEANS / MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
4/3	DEP SEATTLE ; WASHINGTON	CP			
4/3	ARR FAIRBANKS : ALASKA;		TD		
4/6	DEP FAIRBANKS : ALASKA	CP		75.00	0
4/6	ARR SEATTLE : WASHINGTON		MC		0
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
				e. SUMMARY OF PAYMENT	
				(1) Per diem	
				(2) Actual Expenses Allowance	
				(3) Mileage	
				(4) Dependent Travel	
				(5) DLA	
				(6) Reimbursable Expenses	
				(7) Total	
				(8) Less Advance	
				(9) Amount Owed	
				(10) Amount Due	
16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input checked="" type="checkbox"/> PASSENGER		DURATION OF TDY TRAVEL			
18. REIMBURSABLE EXPENSES					
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	12 HOURS OR LESS	
4/3/05	TAXI	34.00	34.00		
4/3/05	AIRFARE SERVICE FEE	5.00	5.00		
4/3/05	AIRFARE	527.80	527.80	MORE THAN 12 HOURS BUT 24 HOURS OR LESS	
4/3/05	RENTAL CAR	145.20	145.20	X MORE THAN 24 HOURS	
4/6/05	FUEL FOR RENTAL CAR	10.00	10.00		
4/6/05	LODGING TAX-CONUSUS TERR	6.00	6.00		
4/6/05	TAXI	34.00	34.00		
				19. GOVERNMENT/DEDUCTIBLE MEALS	
				a. DATE	b. NO. OF MEALS
				a. DATE	b. NO. OF MEALS
				(SEE DAILY EXPENSES)	
20.a. CLAIMANT SIGNATURE JESSICA E NOEL		b. DATE 04/12/2005	21.a. APPROVING OFFICER SIGNATURE NOT YET APPROVED		b. DATE
22. ACCOUNTING CLASSIFICATION 2 6 501 133300 GD 14102 2110					
23. COLLECTION DATA					
24. COMPUTED BY	25. AUDITED BY	26. Travel Order Posted by	27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID	

175 PAGE 19 OF 76 PAGES.
617c

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement for official travel.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your pre-designated account. For example: \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your pre-designated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

USCG TRAVEL PAYMENT STATUS AND DEBT/OVERPAYMENT COLLECTION

- When Industrial Site accounting used - contact the accounting office that funded travel.
 - For all others - contact the CG Finance Center at 1-800-564-5504 and follow the prompts. For personal assistance and instructions for repayments or rescheduling of travel debts call (757) 523-6940. A Due Process debt notification letter w/instructions will be sent to you.
 - If no payment status is indicated call HRSIC Travel at 1-888-USCG-TVL.

REQUIRED ATTACHMENTS FOR TRAVEL VOUCHER AUDIT SUBMISSIONS

Claims will be audited based on a random sampling plan or because the net entitlement of the travel equaled or exceeded \$2,500.00.

Assemble your claim as follows:

1. (Top) Travel Voucher, Continuation Page, and Daily Expense Record, DOD or UTS record.
 2. Original of all travel orders and amendments, as applicable.
 3. Dependent and/or other family member travel authorizations or claim documentation.
 4. Required Receipts: Hotel/motel receipts and any item of expense claimed in the amount of \$75.00 or more. (Ticketless Travel records require a method of purchase statement).
- When directed, submit the above in an envelope addressed to HRSIC (TVL) marked "Audit".

ITEM 15. ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation (Own Expense)	- C	Bus	- B
Privately Owned		Plane	- P
Convenience (POC)	- P	Rail	- R
Alaska Ferry System	- AF	Vessel	- V
Change Status	- CS		

15d. REASON FOR STOP

Authorized Delay	- AD	Change of Home Port	- HP
Awaiting Transportation	- AT	Leave En Route	- LV
Continuous OS Travel	- CT	Mission Complete	- MC
Designated Location	- DL	Pick Up Passengers	- PP
Drop Off Passengers	- DP	Pick Up Vehicle	- PV
Drop Off Vehicle	- DV	Sick Leave	- SL
Enroute Stop Over	- ES	Temporary Duty	- TD
House Hunting	- HH	Voluntary Return	- VR

15e. LODGING COST

UTS requires the entry of the per-day (daily) cost of Lodging. Place and claim INCONUS lodging taxes in the reimbursable expense section.

ITEM 19 - DEDUCTIBLE MEALS

Use the UTS "Exception" button to enter deductible meals. Meals consumed by a member when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition and deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS

UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN

Receipts Required:

HOTEL RECEIPT(S) FOR FAIRBANKS : ALASKA
 RECEIPT(S) FOR AIRFARE

TRAVEL VOUCHER OR SUBVOUCHER

(Daily Expenses)

4. NAME (Last, First, Middle Initial)

HILL, JESSICA E

Date	Day Type	Daily Lodging	Lodging Taxes	Computed Meal Types			Claimed Meal Types			Actual Expenses Claimed			
				Br	Lu	Dn	Br	Lu	Dn	Br	Lu	Dn	Inc.
02/12/2006	LDP	0.00	0.00	CM	CM	CM	CM	CM	CM				
02/13/2006	LDP	0.00	0.00	CM	CM	CM	CM	CM	CM				
02/14/2006	LDP	0.00	0.00	CM	CM	CM	CM	CM	CM				
02/15/2006	LDP	0.00	0.00	CM	CM	CM	CM	CM	CM				
02/16/2006	LDP	0.00	0.00	CM	CM	CM	CM	CM	CM				

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(Own Expense)	- C	Plane	- P
Privately Owned		Rail	- R
Convenience (POC)	- P	Vessel	- V
Alaska Ferry System	- AF	Rental Car	- RC
Change Status	- CS		

15d. REASON FOR STOP

Authorized Delay	- AD	Change of Home Port	- HP
Awaiting Transportation	- AT	Leave En Route	- LV
Circuitous Travel	- CT	Mission Complete	- MC
Designated Leave Point	- DL	Pick Up Passengers	- PP
Drop Off Passengers	- DP	Pick Up Vehicle	- PV
Drop Off Vehicle	- DV	Sick Leave	- SL
Enroute Stop Over	- ES	Temporary Duty	- TD
House Hunting	- HH	Voluntary Return	- VR

15e. LODGING COST

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Use the UTS "Exception" button to enter deductible meals. Meals consumed by a member when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition and deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

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EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS

UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN

Receipts Required:

██████████ YNC

From: ██████████ YNC
Sent: Wednesday, January 25, 2006 10:49 AM
To: Noel, Jessica LTJG
Subject: FW: Jessica Noel

b(6) + 7(c)

Ms. Noel,

Please look this over and let me know if its good to go.

YNC

-----Original Message-----

From: ██████████ (mailto:██████████) [mailto:██████████]
Sent: Wednesday, January 25, 2006 9:30 AM
To: ██████████ YNC
Subject: Jessica Noel

GOVERNMENT OFFICE

PHONE: (509) ██████████ (877) ██████████ NOEL/JESSICA
FAX: (509) 232-██████████

ISC SEATTLE
1519 ALASKAN WAY SOUTH
SEATTLE WA 98134

ISC SEATTLE
ATT: GTA ACCOUNT MGR
1519 ALASKAN WAY SOUTH
SEATTLE WA 98134

JAN 25 2006 ITIN DXXNE

12 FEB 06 - SUNDAY
AMERICAN 830 COACH CLASS EQUIP-M83
LV: SEATTLE 1045A NONSTOP MILES- 1660 CONFIRMED
AR: DALLAS/FT WOR 434P ELAPSED TIME- 3:49
FOOD TO PURCHASE

AMERICAN 574 COACH CLASS EQUIP-M80
LV: DALLAS/FT WOR 517P NONSTOP MILES- 224 CONFIRMED
AR: HOUSTON/INTCON 625P ELAPSED TIME- 1:08
SEAT-31F

16 FEB 06 - THURSDAY
AMERICAN 1195 COACH CLASS EQUIP-M80
LV: HOUSTON/INTCON 341P NONSTOP MILES- 224 CONFIRMED
AR: DALLAS/FT WOR 455P ELAPSED TIME- 1:14
SEAT-26F

AMERICAN 2033 COACH CLASS EQUIP-757
LV: DALLAS/FT WOR 617P NONSTOP MILES- 1660 CONFIRMED
AR: SEATTLE 831P ELAPSED TIME- 4:14
FOOD TO PURCHASE SEAT-22F

12 MAY 06 - FRIDAY
TOUR
THANK YOU FOR YOUR BUSINESS - ██████████

FOR AFTER HOURS EMERGENCY SERVICE PLEASE CALL 800 827-7777
YOUR PERSONAL ID NUMBER IS: A10PS/47200
THERE IS A NONREFUNDABLE TRANSACTION FEE OF 27.00
FOR DOMESTIC AND INTERNATIONAL TICKETS
ROUTING SYMBOL: 2885
WWW.VIEWTRIP.COM RESERVATION NUMBER: QVP294
THIS IS AN ELECTRONIC TICKET - NO TICKETS REQUIRED * AMERICAN CONFIRMATION NUMBER:

Department of U.S. Coast Guard CG-4251 (NOV)

ORIGINAL MILITARY (TDY) OR (TD) TRAVEL ORDERS

Employee ID No. 1190945

1. Name of Traveler (Last Name, First Name, Middle Initial) **NOEL, JESSICA E.**

2. Grade/Rank **LT/03**

3. Current Duty Station: **CGC HEALY**

4. Work Phone Number: **206-217-6300**

5. Departure Date: **12FEB06**

6. Expected Date of Return to PDS: **17FEB06**

7. Estimated Days: **5**

8. Order Issuing Authority: **PERSMAN, CHAP 4**

9. Authorized Days of Leave: **0**

10. BLANKET ORDERS FOR REPEAT TRAVEL (Doc type 13 TONO) (NOTE: A copy of this blanket order must be attached to each submission of DD-1351-2) Period of travel from _____ to _____

11. FOR MEDICAL TRAVEL: Inpatient Outpatient Attendant Escort

12. A. REPORT TO: UNIT / CITY / COUNTY / STATE / COUNTRY **DP SYSTEM OPERATOR COURSE ALSTOM TTC, HOUSTON, TX**

B. Purpose of TDY: **TRNG**

C. Dates of TDY: **2/13-16**

D. Authorized Variations: Yes No

13. Remain Over Night (RON) awaiting transportation may be authorized for _____ night(s) at (locality) Yes No

14. CURRENT MESSING ENTITLEMENT AT PERMANENT DUTY STATION: (Choose only one) ESM/EUM ENL BAS ENL REG BAS

15. Max Locality Per Diem Rate: Lodging \$**92** M&IE \$**56** (Lodging Receipts required for reimbursement)

16. MODE OF TRAVEL: (Mode of travel to TDY site and RETURN) (Arrange Official travel from either a CTO, in-house (w/ office or TMC, US120, JFTR)

Commercial Carrier (At own expense subject to reimbursement)

GOVT Procured Transportation Tickets (GTA)

GOVT Owned Conveyance

Privately Owned Conveyance (POC): Auto Vessel Plane Car Airplane Motorcycle

POC is more advantageous to the Gov't

POC is authorized not to exceed the cost of a GTR \$ _____

17. TRAVEL AT TDY SITE:

Rental Car (compact) Upgrade Authorized - size _____

Local travel: taxi / bus / metro / other public conveyance

18. AUTHORIZED REIMBURSABLE EXPENSES:

Registration Fees (if meals are included - report in Block 19, DD-1351-2)

Conference Cost (per U2550, JFTR & 301-74.2, FTR)

Excess baggage.

Official Communication Service fees (phone, fax, data service, etc.)

Personal Telephone Calls NTE \$ _____ daily.

Civilian Travelers Only: One telephone call authorized per day NTE \$ 5 (INCONUS) \$10 (OCONUS)

(A receipt is required for any expenses \$75.00 or greater)

19. REMARKS / AUTHORIZATIONS / ADDITIONAL INSTRUCTIONS:
**AUTH TVL PM SEATTLE, WA TO HOUSTON, TX.
 SEE ATTACHED PAPERWORK FOR FURTHER GUIDANCE**

If Training, Insert CGHRMS Course ID: _____

20. TRAVEL ADVANCE AUTHORIZATION:
 Travel advance is authorized in the amount of \$ **1000**

21. Coast Guard Travel Order Number (16 digits) GOVT Travel Charge Card holder Not a GOVT Travel Charge Card holder

Travel funds are chargeable against: (If travel spans over FY's, provide tono/Acct. listing for both FY's)																													
1	1	0	6	8	5	6	6	G	D	1	5	5	0	0	0	2	6	6	0	1	3	3	0	0	GD	14102	2151	\$	\$1000
1	4	0	6	8	5	6	6	G	D	2	5	4	0	0	0	2	6	6	0	1	3	3	0	0	GD	14102	2151	\$	\$ 600

21a. Date _____ Signature (Approving Official) _____

21b. Date _____ Signature (Fund Certification) _____

22. If Using Other Gov't Agency Funds, Contact FINCEN (OGG) and Insert Reimbursable Agreement Number (RAN): _____

23. AUTHORIZING OFFICIAL SIGNATURE (Name, Rank, Title) **UNC USG BUDIC** AO's Phone Number **206-217-XXXX**

24. TRAVELERS SIGNATURE _____ Date _____

Must be signed by Approving Official Only: _____ Date: _____

Abbreviation Defined in APP A, JFTR

Applicable Privacy Act Statement is on DD-1351-2R PREVIOUS EDITIONS ARE OBSOLETE

Use Travel Voucher DD-1351-2 (June 2002) Version.

b (6) + 7 (c)

ORIGINAL PAGE 12 OF 17 PAGES.

1300
21 Feb 2006

AMENDMENT TO TONO 11068566GD155

From: [REDACTED], YNC
CGC HEALY (WAGB-20)

b(6) + 7(c)

To: LT Jessica E. Noel 1190945, USCG

1. Your orders are amended to change your TONO to 11068566BR432000 and accounting string to 2/P/601/199/56/0/BR/70870/2109 vice previously issued.
2. All other provisions remain.

#

6.7c

MOTEL 6 - EMBARCADERO #1080
 1801 EMBARCADERO
 OAKLAND, CA. 94606
 (510)-436-0103

GUEST FOLIO **

DATE PRINTED: 06/02/04
 PRINTED BY: SK

FOLIO NUMBER: 172025-A
 ARRIVAL DATE: 05/17/04
 DEPARTURE DATE: 06/03/04

GUEST: JESSICA NOEL
 COASTGUARD
 NDSTC 04-10-BDO
 [REDACTED]

DATE	ROOM	DEPARTMENT	CHARGES	CREDITS
05/17/04	138	VISA/MC [REDACTED]		
05/17/04	138	ROOM RENT AUTO AUDIT (INTERNET)	53.99	952.88
05/17/04	138	CITY -	5.94	
05/18/04	138	ROOM RENT AUTO AUDIT (INTERNET)	53.99	
05/18/04	138	CITY -	5.94	
05/19/04	138	ROOM RENT AUTO AUDIT (INTERNET)	53.99	
05/19/04	138	CITY -	5.94	
05/20/04	138	ROOM RENT AUTO AUDIT (INTERNET)	53.99	
05/20/04	138	CITY -	5.94	
05/21/04	138	ROOM RENT AUTO AUDIT (INTERNET)	53.99	
05/21/04	138	CITY -	5.94	
05/22/04	138	ROOM RENT AUTO AUDIT (INTERNET)	53.99	
05/22/04	138	CITY -	5.94	
05/23/04	138	ROOM RENT AUTO AUDIT (INTERNET)	53.99	
05/23/04	138	CITY -	5.94	
05/24/04	138	ROOM RENT AUTO AUDIT (INTERNET)	53.99	
05/24/04	138	CITY -	5.94	
05/25/04	138	ROOM RENT AUTO AUDIT (INTERNET)	53.99	
05/25/04	138	CITY -	5.94	
05/26/04	138	ROOM RENT AUTO AUDIT (INTERNET)	53.99	
05/26/04	138	CITY -	5.94	
05/27/04	138	ROOM RENT AUTO AUDIT (INTERNET)	53.99	
05/27/04	138	CITY -	5.94	
05/28/04	138	ROOM RENT AUTO AUDIT (INTERNET)	68.39	
05/28/04	138	CITY -	7.52	
05/29/04	138	ROOM RENT AUTO AUDIT (INTERNET)	68.39	
05/29/04	138	CITY -	7.52	
05/30/04	138	ROOM RENT AUTO AUDIT (INTERNET)	68.39	
05/30/04	138	CITY -	7.52	
05/31/04	138	VISA/MC 033110		131.84
05/31/04	138	ROOM RENT AUTO AUDIT (INTERNET)	59.39	
05/31/04	138	CITY -	6.53	
06/01/04	138	ROOM RENT AUTO AUDIT (INTERNET)	59.39	
06/01/04	138	CITY -	6.53	
06/02/04	138	VISA/MC-(Adj) C/OUT EARLIER 00		-65.92
Total:			1018.80	1018.80
BALANCE DUE:				0.00

GUEST SIGNATURE: _____

6,7c

Aurora Inn
P.O. Box 1008
302 E. Front Street
Nome AK 99762 USA
Phone: 907-443-3838
Fax: 907-443-6380
<http://www.beringstraits.com/aurora.html>

Name: NOEL, JESSICA	Room: 216	Rate: \$150.00	Nights: 1	Folio: 23715
Address1: [REDACTED]	Arrival Date: 06/22/2004		Departure Date: 06/23/2004	
Address2:	Group ID:		Corp ID:	
City: [REDACTED]	Company:			
State: [REDACTED]	Group:			
Postal Code: 98028	Adults: 1		Children: 0	
Phone: 206-[REDACTED]	Date/Time: 06/23/2004 9:09:50 AM			
Signature:	Comments:			

<i>DATE</i>	<i>DESCRIPTION</i>	<i>CHARGE</i>	<i>CREDIT</i>	<i>BALANCE</i>
06/22/2004	Room Room 216	\$150.00	\$0.00	\$150.00
06/23/2004	Long Distance Telephone 1-206-369-2617 00:02	\$2.50	\$0.00	\$152.50
06/23/2004	Mastercard MC XXXXXXXXXX [REDACTED]	\$0.00	\$152.50	\$0.00
	TOTAL DUE			\$0.00

6,7c

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

2116450729 PASSENGER RECEIPT 1 OF 1

ALASKA AIRLINES

ALASKA AIRLINES

22JUN04 00000001 SITI US

SEN 960

SEATTLE TACOMA

NOELT JESSICA

NOELT JESSICA

NOT VALID FOR TRANSPORTATION THROUGHOUT YOUR JOURNEY

SEATTLE TACOMA

AS 195 Y 22JUN Y/BAG2

ANCHORAGE

ORIGINAL VALUE

ISSUED IN EXCHANGE FOR

CLERK/AS

CONL TKT NO.

SEN 95 REC 100.00T/BAG2 100.00 END

TSD 100.00

XXXXXXXXXXXXXXXX9071*031509 0606

TAX

PCS + SE. WT. + CRNK. WT. + ...

TAX

STOCK CONTROL NUMBER IS

COUPON

AIRLINE

FORMER NO.

OR

TSD 100.00

02700119087754

027 2116450729 4

NOT VALID FOR TRAVEL

COUPON 027 2116450729 4

1300
25 Jun 04

AMENDMENT TO TONO/1204G84PRA671000

From: [REDACTED] YNO
CGC/HEALY (WAGB-20)

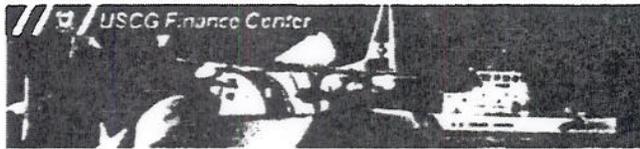
b(6) + 7(c)

To: LTJG J. Noel. 7258, USCG

1. Your orders are amended to authorize you travel from Seattle, Washington to Nome, Alaska to meet the ship. You are authorized to remain overnight in Nome, Alaska due to flight schedules in Alaska and the schedule of the ship.
2. You are authorized excess baggage from Seattle, Washington to Nome, Alaska.
3. All other provisions remain.

#

6, 7c



USCG Finance Center

Providing accounting & financial services to a global customer base.

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TRAVEL PAYMENT INQUIRY APPLICATION

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Document Number	Invoice Number	Document Amount	Payment Date	ACH/CK Number	Check Amount	Payee Name	Payment Address
1104G84PBR1R1	TADADV06JAN04	(\$3,800.00)			\$0.00	J E NOEL	DAUPHIN ISLAN
1104G84PBR1R1	TADADV06JAN04	\$3,800.00			\$0.00	J E NOEL	DAUPHIN ISLAN
1303G81PA5028	TRAVEL_ADV-CONV	(\$300.00)			\$0.00	J E NOEL	DAUPHIN ISLAN
1303G81PA5028	TRAVEL_ADV-CONV	\$300.00			\$0.00	J E NOEL	DAUPHIN ISLAN
1104G84PBR1R1	0000G84PBR1R1843229	\$62.79	04-JUN-04	622500	\$62.79	J E NOEL	NOVATO CA 945
1104G84PBR1R1	0000G84PBR1R1840790	(\$3,800.00)	03-JUN-04	262270	\$835.87	J E NOEL	NOVATO CA 945
1104G84PBR1R1	0000G84PBR1R1840790	\$4,635.87	03-JUN-04	262270	\$835.87	J E NOEL	NOVATO CA 945
11043146GB325	00003146GB325784281	\$23.93	24-FEB-04	965107	\$23.93	J E NOEL	NOVATO CA 945
1103233MMK220	0000233MMK220698217	\$1,749.75	08-SEP-03	329656	\$1,749.75	J E NOEL	NOVATO CA 945
11023126LS140	TRVL FOR 11023126LS140	\$561.42	05-DEC-02	700325	\$561.42	J E NOEL	NOVATO CA 945
1103G83PBM01W	TRVL FOR 1103G83PBM01W	\$885.00	02-DEC-02	207254	\$885.00	J E NOEL	NOVATO CA 945
11023126GB242	TRVL FOR 11023126GB242	\$161.93	15-AUG-02	2219005	\$161.93	J E NOEL	NOVATO CA 945
11023126GB242	TRVL FOR 11023126GB242	\$187.28	08-AUG-02	1861792	\$187.28	J E NOEL	NOVATO CA 945
1202G82PAS1M7	TRVL FOR 1202G82PAS1M7	\$7.07	29-MAY-02	7822230	\$7.07	J E NOEL	NOVATO CA 945
11023126GB181	TRVL FOR 11023126GB181	\$369.16	23-MAY-02	6679740	\$369.16	J E NOEL	NOVATO CA 945
1102392QLC047	TRVL FOR 1102392QLC047	\$139.30	26-MAR-02	3661865	\$139.30	J E NOEL	DAUPHIN ISLAN 365281060
1202G82PAS1M7	PCS ADV PRE PD 021702	\$2,000.00	14-FEB-02	2308569	\$2,000.00	J E NOEL	DAUPHIN ISLAN 365281060

Records 1 to 17 of 17

USCG Home Page

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175 PAGE 11 OF 76 PAGES.

DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
CG-5131(Rev.11-94)

ORIGINAL

**STANDARD TRAVEL ORDER
FOR MILITARY PERSONNEL**

1. SSN [REDACTED]	2. NAME (Last Name, First Name, MI) NOEL, JESSICA E	3. RATE/RANK LTJG	4. CURRENT DUTY STATION CG MSO SAN FRANCISCO BAY
5. LEAVE ADDRESS (Street / Address, City, State, Zip / Area Code & Phone)		6. TRANSFER AUTHORITY PEOPLESOFT	

7. TRAVEL AND PAY NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTEREST AND IS AUTHORIZED CHARGEABLE AGAINST:

A G E N C Y	D I S T R I C T	APPN CODE	LM CODE	ALLOT FUND	ALLOT LV	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT IDENTIFICATION NUMBER				ESTIMATED COST	MSC
									TYPE	FY	NUMBER	SUFFIX		
2	P	401	299	21	0	RA	78040	2104	12	04	G84PRA671	000		

8. DAYS AUTHORIZED DELAY EN ROUTE BY REGULATIONS OR ENDORSEMENT HEREON (Indicate number of days delay authorized):

3 _____ 4 _____ 0 _____ 0 _____ 0 _____ 0 _____ 0 _____

TRAVEL TIME _____ PROCEED TIME _____ LEAVE (INCONUS) _____ LEAVE (OUTCONUS) _____ COMPENSATORY ABSENCE _____ NON CHARGEABLE ABSENCE _____ DATE LINE ADJUSTMENT _____

9. PROCEED AND REPORT IN THE ORDER LISTED BELOW: SCHEDULED DEPARTURE DATE: 04 JUN 01

UNIT / STATION / PLACE	NATURE OF DUTY	TIME / DATE REPORTING
2114102 CGC HEALY	PERIOD	NLT 2400 02 JUN 01

10. REMARKS / AUTHORIZATIONS / ADDITIONAL INSTRUCTIONS:

Duty Type Code PERMDU New PERSRU 33-47200 CG ISC SEATTLE (PERSRU)
THESE ORDERS CONSTITUTE A PCS MOVE FM ALAMEDA, CA TO SEATTLE, WA
DEPN INFO: N/A
AUTH SHIPMENT OF HHG AT THE W/O DEPN RATE FOR PAYGRADE O-2
TRAVEL: AUTH TVL VIA 1 POV FM ALAMEDA, CA TO SEATTLE, WA (804 MILES)
TRAVEL ADVANCES: AUTH \$1846.19 PAID BY DIRECT DEPOSIT
(1) MILEAGE: 804 MILES X \$.15 = \$120.60 ✓
(2) PERDIEM: 3 DAYS X \$86.00 = \$258.00 ✓
(3) DLA W/O DEPNS: \$1467.59 ✓
(4) TLE W/O DEPNS: NOT REQUESTED
TLE: AUTH 10 DAYS CONUS TO CONUS, IAW JFTR U5700
ENTITLEMENTS DEPEND ON MBR INDIVIDUAL TVL. SETTLEMENT WILL BE DETERMINED BY PSC (TVL) BASED ON TYPE OF ORDERS/TVL VOUCHER & ACTUAL TVL PERFORMED IAW JFTR U5012-B
MBR MEETS WEIGHT STANDARDS
NEW UNIT ADDRESS:
COMMANDING OFFICER
USCGC HEALY (WAGB-20)
1519 ALASKAN WAY, SOUTH
SEATTLE, WA
98134

AS PAGE 52 OF 72 PAGES. **ORIGINAL**

11. Member's Acknowledgement: I have been counseled on the appropriate provisions of the JFTR and Coast Guard Directives regarding my entitlements and have had all my questions answered. If under PCS orders, I understand I must secure a "Release From Mandatory Assignment to Government Housing" from the Local Housing Authority (LHA) prior to procuring housing in the civilian sector of the area surrounding my new duty assignment. Further, I acknowledge receipt of these orders and understand that I must submit my travel claim for certification and liquidation purposes within 3 working days of either my PCS reporting, ADT greater than 20 weeks, or completion of travel in connection with my separation.

12a. AUTHORIZING OFFICIAL (Name, Rate / Rank, Signature) [REDACTED]	12b. DATE 04 MAY 22	13a. MEMBER'S SIGNATURE AND PLACE ORDERS RECEIVED JESSICA E NOEL [REDACTED] CG MSO SAN FRANCISCO BAY	13b. DATE 04 MAY 22
--	------------------------	--	------------------------

PREVIOUS EDITIONS ARE OBSOLETE

b(6) + 7(c)

[REDACTED] LTJG

[REDACTED]

From: [REDACTED]@carlsontravel.com]
Sent: Wednesday, March 02, 2005 4:14 PM
To: [REDACTED] LTJG
Subject: travel-noel

b(6) + 7(c)

GOVERNMENT OFFICE

[REDACTED]
PHONE: (509) 327-[REDACTED] (877) 372-[REDACTED] NOEL/JESSICA
FAX: (509) 327-[REDACTED]

USCGC POLAR SEA (WAGB11) USCGC POLAR SEA (WAGB11)
FPO AP 96698-3919 ATT: GTA ACCOUNT
FPO AP 96698-3919

MAR 02 2005 ITIN DXXJS

12 MAR 05 - SATURDAY
CAR 1 MINI VAN CONFIRMED
PICKUP-SEATTLE
DROP-18MAR
THRIFTY MINI VAN APPROX TOTAL 195.00WK CF NBR RO8793SE1
P/U 101 ALASKAN WAY WATERFRONT PIER 48-7PSG VAN
PHONE NUMBER IS 206 878-1234 EX 1
P/U 7 PASG VAN AT 101 ALASKAN WAY PEIR 48- WATERFRONT

18 JUN 05 - SATURDAY
TOUR
THANK YOU FOR YOUR BUSINESS-[REDACTED]

FOR AFTER HOURS EMERGENCY SERVICE PLEASE CALL 800-827-7777
YOUR PERSONAL ID NUMBER IS: AL5X/14502
THERE IS A NONREFUNDABLE TRANSACTION FEE OF 24.00 PER
ELECTRONIC TICKET AND 29.00 FEE PER PAPER TICKET
ROUTING SYMBOL: ADM

3/3/2005

6,7c

Customer Invoice

THRIFTY CAR RENTAL
SEATTLE DOWNTOWN
101 ALASKAN WAY S. (PIER 48)
SEATTLE, WA 98104

Date : 03/24/2005

Invoice Date: 03/24/2005

NOEL, JESSICA

PH: [REDACTED]

License Information :
[REDACTED]

RO Number :

PO Number :

Agreement Number : SE2-6941

NOEL, JESSICA
[REDACTED]

Vin Number	Vehicle Number	Vehicle Type	Vehicle Plate	Date Rented	Date Returned	
1D4GP24R25B292330	150751	2005 DODGE GR CARAVAN LWB	188TCS	03/12/2005 09:28 AM	03/18/2005 04:50 PM	
0	Day(s) @	\$55.00	=	\$0.00	=	\$0.00
0	Day(s) @	\$0.00	=	\$0.00	=	\$0.00
0	Day(s) @	\$0.00	=	\$0.00	=	\$0.00
0	Day(s) @	\$0.00	=	\$0.00	=	\$0.00
0	Weekend @	\$0.00	=	\$0.00	=	\$0.00
1	Week(s) @	\$330.00	=	\$330.00	=	\$330.00
0	Month(s) @	\$0.00	=	\$0.00	=	\$0.00

Rental Period : 7 day(s)

STATEMENT OF CHARGES

Rate Charge : \$195.00
Mi/Km Charge : \$0.00
Late Charge : \$0.00
Surcharge Charge : \$0.00
Fuel Charge : \$0.00
Damage Waiver : \$0.00
Personal Insurance : \$0.00
Liability Insurance : \$0.00
Additional Driver : \$0.00
Under Age : \$0.00
Out of Area : \$0.00
Foreign Drop : \$0.00
Other Charges : -\$26.05

Tax ID :

Interest Charge : \$0.00
Subtotal : \$168.95
WA STATE TAX \$20.24
WA RENTAL TAX \$22.31
MV SALES/LEASES \$0.00
A/P CONC FEE \$0.00

Total Charges : \$211.50

Driver Payments : \$211.50

Net Due From Driver : \$0.00

Please Make Check Payable To and Remit To :

THRIFTY CAR RENTAL
101 ALASKAN WAY S. (PIER 48)

SEATTLE, WA 98104

Questions? Please call: (206) 870-9700

DUE UPON RECEIPT

Agreement Number : SE2-6941
NOEL, JESSICA

Please Pay This Amount : \$0.00

17 PAGE 55 OF 70 PAGES.

6,7c



**BEST WESTERN
INN AT THE MEADOWS**

at 3/18/05
time 07:14
page 1

INN AT THE MEADOWS

1215 N HAYDEN MEADOWS DRIVE
PORTLAND OREGON 97217
503-286-9600
MER# 009504836876

Acct# P19531-01
Room# 229

Rate Code 3A
Group
Room Type NKG
Room Rate 71.20

Arrive MAR 17 05 16:23
Depart MAR 18 05 07:14 HC

NOEL/JESSICA

[REDACTED]

Payment VM [REDACTED] Exp: 06/06

Date	Description	Reference	Room	Charges	Credits
MAR 17	ROOM CHARGE			71.20	
MAR 17	ROOM TAX			8.90	
MAR 18	VISA/MASTERCARD	CHECKED-OUT			80.10
		Balance Due:		.00	

*I acknowledge receipt of my refund.

REFUND SIGNATURE _____

6,7c

BEST WESTERN INTERNAT

BEST WESTERN NORTHWOOD INN
655 HIGHWAY 101 SOUTH
CRESCENT CITY, CA
95531
(707) 464-9272

03/13/05 16:56
Check-In

Operator 1
Invoice 2311

FDMS MasterCard

Card 017787

XXXXXXXXXX

S Batch 905 Item 114 PA-8995 Auth 094363
Folio 226 In: 03/13
Room number 226

Re-auth code

Re-auth amount

89.05

Total amount

Cardholder will pay card issuer above amount pursuant to cardholder agreement.

Signature

JESSICA E NOEL

Top - Merchant Bottom - Customer

6,7c

TRAVEL VOUCHER OR SUBVOUCHER

(Daily Expenses)

4. NAME (Last, First, Middle Initial)

NOEL, JESSICA E

Date	Day Type	Daily Lodging	Computed Meal Types			Claimed Meal Types			Actual Expenses Claimed			
			Br	Lu	Dn	Br	Lu	Dn	Br	Lu	Dn	Inc
03/13/2005	LDP	80.00	CM	CM	CM	CM	CM	CM				
03/14/2005	LDP	0.00	CM	CM	CM	CM	CM	CM				
03/15/2005	LDP	60.00	CM	CM	CM	CM	CM	CM				
03/16/2005	LDP	0.00	CM	CM	CM	CM	CM	CM				
03/17/2005	LDP	71.20	CM	CM	CM	CM	CM	CM				
03/18/2005	LDP	0.00	CM	CM	CM	CM	CM	CM				

(15) PAGE 59 OF 76 PAGES.

Day Types
 LDP = Lodging Plus, OB = OnBoard Ship, FD = Field Duty, SD = Sea Duty, LV = Leave, AE = Actual Expense, AELP = Actual Expense/Meals LDP
 GRP = Group Travel, FLT = Flat Per Diem, RED = Reduced Per Diem, AF = Alaskan Ferry, NP = No Per Diem, SAE = 300 % AE, SAELP = 300 % AELP

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement for official travel.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your pre-designated account. For example: \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your pre-designated account. Should you elect to send more dollars than you are entitled, all of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

USCG TRAVEL PAYMENT STATUS AND DEBT/OVERPAYMENT COLLECTION

- When Industrial Site accounting used - contact the accounting office that funded travel.
- For all others - contact the CG Finance Center at 1-800-564-5504 and follow the prompts for personal assistance and instructions for repayments or rescheduling of travel debts call (757) 523-6940. A Due Process debt notification letter w/instructions will be sent to you.
- If no payment status is indicated call HRSIC Travel at 1-888-USCG-TVL.

REQUIRED ATTACHMENTS FOR TRAVEL VOUCHER AUDIT SUBMISSIONS

Claims will be audited based on a random sampling plan or because the net entitlement of the travel equaled or exceeded \$2,500.00. Assemble your claim as follows:

1. (Top) Travel Voucher, Continuation Page, and Daily Expense Record, DOD or UTS record.
 2. Original of all travel orders and amendments, as applicable.
 3. Dependent and/or other family member travel authorizations or claim documentation.
 4. Required Receipts: Hotel/motel receipts and any item of expense claimed in the amount of \$75.00 or more. (Ticketless Travel records require a method of purchase statement).
- When directed, submit the above in an envelope addressed to HRSIC (TVL) marked "Audit".

29. REMARKS

EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS

UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN

Receipts Required:

HOTEL RECEIPT(S) FOR COOS BAY ; OREGON
HOTEL RECEIPT(S) FOR CRESCENT CITY ; CALIFORNIA
HOTEL RECEIPT(S) FOR PORTLAND ; OREGON

ITEM 15. ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation (Own Expense)	- C	Bus	- B
Privately Owned	- P	Plane	- P
Convenience (POC)	- P	Rail	- R
Alaska Ferry System	- AF	Vessel	- V
Change Status	- CS		

15d. REASON FOR STOP

Authorized Delay	- AD	Change of Home Port	- HP
Awaiting Transportation	- AT	Leave En Route	- LV
Continuous OS Travel	- CT	Mission Complete	- MC
Designated Location	- DL	Pick Up Passengers	- PP
Drop Off Passengers	- DP	Pick Up Vehicle	- PV
Drop Off Vehicle	- DV	Sick Leave	- SL
Enroute Stop Over	- ES	Temporary Duty	- TD
House Hunting	- HH	Voluntary Return	- VR

15e. LODGING COST

UTS requires the entry of the per-day (daily) cost of Lodging. Place and claim INCONUS lodging taxes in the reimbursable expense section.

ITEM 19 - DEDUCTIBLE MEALS

Use the UTS "Exception" button to enter deductible meals. Meals consumed by a member when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition and deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

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TRAVEL VOUCHER OR SUBVOUCHER

Read privacy act statement, penalty statement and instructions on back before completing form. Use typewriter ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed continue in Remarks.

1. PAYMENT REQUIRED BY (X one)
 Electronic Funds Transfer (EFT) Payment By Check
 Split Disbursement: Amt to Govt. Trvl Charge Card \$

2. TYPE OF PAYMENT (X as applicable)
 TDY Member/Employee PCS
 Other Dependent(s) DLA

FOR D.O. USE ONLY

4. NAME (Last, First, Middle Initial) (print or type)
 NOEL, JESSICA E

5. GRADE
 O2

3. D.O. VOUCHER NUMBER

SUBVOUCHER NUMBER

7. ADDRESS a. NUMBER AND STREET b. CITY
 USCGC HEALY 1519 ALASKAN WAY S SEATTLE

c. STATE d. ZIP CODE
 WA 98134

c. PAID BY

8. DAYTIME TELEPHONE NUMBER & 9. TRAVEL ORDER NUMBER
 AREA CODE 206-217-6300 1105855615420000

10. PREVIOUS GOVERNMENT PAYMENT ADVANCES
 (Do not include ATM Advances)

11. ORGANIZATION AND STATION
 2114102 - CGC HEALY (WAGB 20)

13. DEPENDENTS ADDRESS ON RECEIPT OF ORDERS (include Zip Code)

12. DEPENDENTS (X and complete as applicable)
 ACCOMPANIED UNACCOMPANIED

a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. Date of Birth or Marriage

14. Have Household Goods Been Shipped?
 (X one)
 YES NO (Explain in Remarks)

15. ITINERARY

a. DATE	b. PLACE (home, office, base, activity, city and state, city and country, etc.)
05	
3/13	DEP SEATTLE ; WASHINGTON
3/13	ARR CRESCENT CITY ; CALIFORNIA;
3/14	DEP CRESCENT CITY ; CALIFORNIA
3/14	ARR ROGUE RIVER ; OREGON;
3/15	DEP ROGUE RIVER ; OREGON
3/15	ARR COOS BAY ; OREGON;
3/16	DEP COOS BAY ; OREGON
3/16	ARR ASTORIA ; OREGON;
3/17	DEP ASTORIA ; OREGON
3/17	ARR PORTLAND ; OREGON;
3/18	DEP PORTLAND ; OREGON
3/18	ARR SEATTLE ; WASHINGTON;
	DEP
	ARR
	DEP
	ARR

14. COMPUTATIONS

e. MEANS/ MODE OF TRAVEL	f. REASON FOR STOP	g. LODGING COST	h. POC MILES
CA			
CA	TD	80.00	0
CA	TD		0
CA	TD	0.00	
CA	TD		0
CA	TD	60.00	
CA	TD		0
CA	TD	0.00	
CA	TD		0
CA	MC	71.20	
			0

a. SUMMARY OF PAYMENT

- (1) Per diem
- (2) Actual Expenses Allowance
- (3) Mileage
- (4) Dependent Travel
- (5) DLA
- (6) Reimbursable Expenses
- (7) Total
- (8) Less Advance
- (9) Amount Owed
- (10) Amount Due

16. POC TRAVEL (X one) OWN/OPERATE PASSENGER

DURATION OF TDY TRAVEL

18. REIMBURSABLE EXPENSES :

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
3/18/05	RENTAL CAR	211.50	211.50
3/18/05	FUEL FOR RENTAL CAR	95.57	95.57
3/18/05	LODGING TAX-CONUSUS TERR	22.75	22.75

12 HOURS OR LESS

MORE THAN 12 HOURS BUT 24 HOURS OR LESS

MORE THAN 24 HOURS

19. GOVERNMENT DEDUCTIBLE MEALS

a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS

(SEE DAILY EXPENSES)

20.a. CLAIMANT SIGNATURE
 JESSICA E NOEL

b. DATE
 03/26/2005

21.a. APPROVING OFFICER SIGNATURE
 NOT YET APPROVED

b. DATE

22. ACCOUNTING CLASSIFICATION 2 6 501 133450 15 75171 2109

23. COLLECTION DATA

24. COMPUTED BY 25. AUDITED BY 26. Travel Order Posted by 27. RECEIVED (Payee Signature and Date or Check No.) 28. AMOUNT PAID

6,7c

Department of Homeland Security
U.S. Coast Guard
CG-4251 (3/03)

MILITARY TEMPORARY DUTY (TDY) OR CIVILIAN TEMPORARY DUTY (TD) TRAVEL ORDERS

Employee ID No.
1190945

1. Name of Traveler (Last Name, First Name, MI) **NOEL, JESSICA E.** 2. Grade/Rank **LTTJG/02** 3. Current Duty Station: **CGC HEALY** 4. Work Phone Number: **206-217-6300**

5. Departure Date: **13MAR05** 6. Expected Date of Return to PDS: **18MAR05** 7. Estimated Days: **6** 8. Order Issuing Authority: **CO'S ORDER** 9. Authorized days of Leave to: _____

10. BLANKET ORDERS FOR REPEAT TRAVEL (Doc type 13 TONO) (NOTE: A copy of this blanket order must be attached to each submission of DD-1351-2) Period of travel from _____ to _____ (See Block 12 for Geographical location)

11. FOR MEDICAL TRAVEL: Inpatient Outpatient Attendant Escort

12. a. REPORT TO: UNIT / CITY / COUNTY / STATE / COUNTRY **MULTIPLE CGC'S CRESCENT, CA** b. Purpose of TDY: **TAD** c. Dates of TDY: **13-18MAR** d. Authorized Variations: Yes No

13. Remain Over Night (RON) awaiting transportation may be authorized for _____ night(s) at (locality) _____

14. CURRENT MESSING ENTITLEMENT AT PERMANENT DUTY STATION: (Choose only one) ESMWEUM ENL BAS ENL REG BAS

15. PER DIEM
Max Locality Per Diem Rate: Lodging \$76 M&IE \$35 (Lodging Receipts required for reimbursement)

QUARTERS
 GOVERNMENT Use Directed (fee reimbursable)
 COMMERCIAL Lodging (Gov't Quarters NOT Available)

MESSING
 GOVERNMENT Rate (Military Only)
 Mess is Directed for ALL three meals
 Proportional Rate
 Reduced per diem of \$____ (LAW COMDT (G-WPM-2) LTR 4600 of _____)
 COMMERCIAL Rate (Full Locality Per Diem)
 Reduced per diem of \$____ (Civilian Only)
 NO PER DIEM Authorized (Civilian Only)

Exemption: Actual Expense Authorized (REF U4210-A, JFTR) The Amount \$____ per day allowed at _____ for period _____

16. MODE OF TRAVEL: (Mode of travel to TDY site and RETURN) (Arrange Official travel from either a CTO, In-house M office or TMC, US120, JFTR)

Commercial Carrier (At own expense subject to reimbursement)
 GOVT Procured Transportation Tickets (GTA)
 GOVT Owned Conveyance Auto Vessel Plane
 Privately Owned Conveyance (POC): Car Airplane Motorcycle
 POC is more advantageous to the Gov't
 POC is authorized not to exceed the cost of a GTR \$ _____

17. TRAVEL AT TDY SITE:
 Rental Car (compact) Upgrade Authorized - size _____
 Local travel: tax / bus / metro / other public conveyance

18. AUTHORIZED REIMBURSABLE EXPENSES:
 Registration Fees (if meals are included - report in Block 19, DD-1351-2)
 Conference Cost (per U2550, JFTR & 301-74.2, FTR)
 Excess baggage.
 Official Communication Service fees (phone, fax, data service, etc.)
 Personal Telephone Calls NTE \$____ daily.
 Civilian Travelers Only: One telephone call authorized per day NTE \$ 5 (INCONUS) \$10 (OCONUS)

19. REMARKS / AUTHORIZATIONS / ADDITIONAL INSTRUCTIONS: (A receipt is required for any expenses \$75.00 or greater)

If Training, Insert CGHRMS Course ID: _____

20. TRAVEL ADVANCE AUTHORIZATION: GOVT Travel Charge Card holder
Travel advance is authorized in the amount of \$ _____ Not a GOVT Travel Charge Card holder / Charged to TONO (Attach SF-1038)

21. Coast Guard Travel Order Number (16 digits) _____ Travel funds are chargeable against: (if travel spans over FY's, provide tonono/accnt. string for both FY's)

1	1	0	5	8	5	5	6	1	5	4	2	0	0	0	0	2	6	501	133	45	0	15	75171	2109	\$ 1400.00	
																2										\$

21a. Date _____ Signature (Approving Official) _____ 21b. Date _____ Signature (Fund Certification) _____

22. If Using Other Gov't Agency Funds, Contact FINCEN (OGQ) and Insert Reimbursable Agreement Number (RAN): _____

Except as noted the approved TDY is authorized and directed. Proceed and report to the place and in the order listed in block 12 above. Deviations should not be made to visit places or areas not listed in block 12 above, without prior written or verbal orders from proper authority. Upon completion of the TDY directed, return to the command and resume your regular duties.

23. AUTHORIZING OFFICIAL SIGNATURE (Name, Rank, Title) _____ AO's Phone Number _____ 24. TRAVELERS SIGNATURE _____ Date _____

25. Use this block to amend the order when not previously authorized after travel has been completed (may be handwritten).

Must be signed by Approving Official Only: _____ Date: _____

b(6) + 7(c)

like it"! Harry S. Truman

-----Original Message-----
 From: Jess [mailto: [REDACTED]]
 Sent: Wednesday, January 19, 2005 5:50 PM
 To: [REDACTED] CPO; [REDACTED] YNC
 Cc: [REDACTED] healy.uscg.mil
 Subject: Re: LTJG NOEL

Buenos dias! Okay, got the message. I have to leave Galapagos tomorrow (19th) but will stay in Quito, Ecuador until further notice. I will call the Q'deck tomorrow to check in & leave hotel contact info. Interesting development... but no worries, I'll be fine!

JNoel

----- " [REDACTED] CPO" [mailto: [REDACTED]@hamilton.uscg.mil] wrote:

- >
- >
- > Hope you are doing well! I knew this would happen.
- > We are NOT going to
- > make it to Manta on 20/21/22 Jan 05. LTJG Noel is
- > to call HEALY to ensure
- > if we were going to be on schedule. Please pass to
- > the QTR Deck that she
- > will have to meet us somewhere else. Problem - I do
- > not know where we are
- > going!!! Please have her stay where she is on leave
- > and I will relay more
- > information when it becomes available.. Do not have
- > her go to MANTA. Thank
- > you. I also copied her at personnel email address.
- >
- > YNC [REDACTED]
- > CGC HAMILTON (WHEC 715)
- > Phone: (619) 556-[REDACTED] (Inport)

PAGE 63 OF 76 PAGES.

YAHOO! MAIL

Print - Close Window

From: [REDACTED] CPO" <[REDACTED]@hamilton.uscg.mil>
 To: "Jess" [mailto: [REDACTED]@healy.uscg.mil] <[REDACTED]@healy.uscg.mil>
 CC: " [REDACTED] LCDR" <[REDACTED]@healy.uscg.mil>
 Subject: RE: LTJG NOEL
 Date: Wed, 19 Jan 2005 23:21:45 -0800

Ms Noel,

Great to hear from you and glad all is well in Ecuador. Ple at Puerto Quetzal, Guatemala on Tuesday 25 Jan 05 @ 0900 - This BSF

Only. You must fly into Guatemala City, GT. If you need overnight - Stay at the Guatemala City Marriott. Also pass information to me so we can do Country Clearance Msg and hav you up from the airport and/or Hotel and bring you to Puerto Quetze there is great and will have no problem arranging your trans Just need flight itinerary.

We have been busy and look forward to seeing from you!

[REDACTED] - Please pass to LTJG Noel if she calls prior to check email!!

Thanks

YNC [REDACTED]
 CGC HAMILTON (WHEC 715)
 Phone: (619) 556-[REDACTED] (Inport)
 Fax: (619) 556-[REDACTED]
 Inmarsat Mini M: (870) 763-[REDACTED] (u/w)

"Leadership is the ability to get men to do what they don't and



METROMANABI C.A.

**Metropolitan
Touring**

Agencia de Viajes
RUC 1390091008001

METROMANABI COMPAÑIA ANONIMA

Matriz: Calle 13 y Av. 4 N° 1239 y Calle 12 - Manta
Telf.: (593-5) 2623-090 / 2613-366 / 2625-201 / 2612-588
Fax: (593-5) 2611-277 - Box 13-05-4794
E-mail: metroman1@systay.net
SUCURSAL: Hotel «Oro Verde» Calle 23 s/n y malecón - Manta
Telefax: (593-5) 2620-728 / 2620-095
E-mail: metroman2@systay.net

FACTURA N° 0021183
N° 001 - 001 - -

AUTORIZACION SRI N° 1102633983

Consumidor Final	008687
JESSICA NOEL	

CONTACTO VENTA N° 4580
FECHA: 53515
TELEFONO: 02/03/2005

Telefono: ?

Esi-por averde Oficina ORO VERDE Sucursal METROPOLITAN TOURING

01545/IC-3271381920 MEC/UIO NOEL/JESSICA MS FECHA
DE SALIDA 02/03/05 FECHA DE REGRESO 02/03/05
01IMPUESTOS OTROS

53.00
2.00

*****FORMA DE PAGO*****

EFFECTIVO

55.00

INDIQUE LA TARJETA QUE CORRESPONDA	
<input checked="" type="checkbox"/> CREDITO	<input type="checkbox"/> DEPÓSITO
<input type="checkbox"/> CHEQUE	<input type="checkbox"/> OTROS
SI ES DEPÓSITO	
<input type="checkbox"/> CON INTERESES	<input type="checkbox"/> SIN INTERESES
INDIQUE EL NÚMERO DE MESES	
3	6
9	12
18	24
OTROS:	
CONSUMOS	USD 59.40
IVA	USD
SERVICIO VU OTROS IMPUESTOS	USD
PROPIAS O MERCILÁNEAS	USD
SUBTOTAL	USD 59.40
DESCUENTO IMPUESTO	USD
TOTAL	USD 59.40

JESSICA E NOEL
 DHS VJSG
 FC 267873 MC 10002192
 DC 9846
 METROPOLITAN TOURING
 CIUDAD HANA 02 03 05 No. AUTORIZACIÓN
 FIRMAS DEL CLIENTE TEL: No. 21075458C CLIENTE

Debo y pagaré a METROMANABI C.A. a la fecha del vencimiento el valor de la presente factura, incondicionalmente en el lugar que se me reconvenga. Renuncio a fuero y domicilio. En caso de mora pagaré el máximo interés convencional a partir del vencimiento así como también pagaré los gastos judiciales y extrajudiciales, inclusive, costas y honorarios profesionales, que ocasiona el cobro de esta obligación, siendo suficiente prueba para establecer el monto de tales gastos, la sola asseveración de la acreedora, sin protesto.

RECIBI CONFORME

PAGE 64 OF 70 PAGES
FIRMA AUTORIZADA

6.7c



MIAMI INT'L AIRPORT - MIAMI SPRINGS
 WWW.SUNBURSTHOSPITALITY.COM
 5125 NW 36TH STREET
 MIAMI SPRINGS, FL 33166
 Phone: (305) 887-2153
 Fax: (305) 887-3559

Room	508
Arrive Date	03/03/05
Dept. Date	03/04/05
Folio#	1-1
Room Rate	99.00
Account	2-CMAST
Mkt/Seg	4-STI
Page	1

JESSICA NOEL

Independently owned by SUNBURST HOSPITALITY CORPORATION and operated by SUNBURST HOSPITALITY CORPORATION

03/03	114	0303000	TAF	DISCOUNT ROOM	\$	99.00	\$.00	\$	99.00
03/03	811	0303001	TAF	STATE TAX	\$	5.94	\$.00	\$	104.94
03/03	812	0303002	TAF	OCCUPANCY TAX	\$	6.93	\$.00	\$	111.87
TOTAL									\$	111.87

ACCOUNT NO. XXXXXXXXXXXX	DATE OF CHARGE XX/XX/XX	LD. XXX
CARD MEMBER NAME XXXXXXXXXXXX	FOLIO NO./CHECK NO. XX-XXXXXX-XX	
ESTABLISHMENT NO. & LOCATION XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX, XX XXXX	AUTHORIZATION XXXXXX	
CARD MEMBERS SIGNATURE X	PURCHASE & SERVICES XXXXXXXXXX.XX	
	TOTAL AMOUNT XXXXXXXXXX.XX	

6.7c

METROMANABI C.A.

Metropolitan Touring
 Agencia de Viajes
 RUC 1390091008001

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 SUCURSAL: Hotel «Oro Verde» Calle 23 s/n y malecón - Manta
 Telefax: (593-5) 2620-728 / 2620-095
 E-mail: metroman2@sysstray.net

FACTURA
N° 002 - 001 - N° 0002315
AUTORIZACION SRI N° 1102499586

NAME: JESSICA NOEL MR
CITY: MANTA ECUADOR

CONTACTO VENTA N°
FECHA: 02/03/05
TELEFONO:

EMI: JMSM MT ORO VERDE

HOTEL: AKROS QUITO
CONFIRMATION # 92025
ARRIVAL DATE: MARCH 02, 2005
DEPARTURE DATE: MARCH 03, 2005
ROOM TYPE: SINGLE
RATE: \$ 74.00
C. CARD 8%
TOTAL: \$ 80.00

02/03 06/30/05
 JESSICA E NOEL
 DHS USCG
 FC 287873 MC 10002192
 DC 9848
 METROPOLITAN% TURING

INDIQUE LA TARJETA QUE CORRESPONDA:

CREDITO DEPOSITO PAGO OTROS

SI ES DEPOSITO

CON INTERES SIN INTERES

INDIQUE EL NÚMERO DE MESES

3 6 9 12 18 24 OTROS:

CONSUMOS	USD
IVA	USD
SERVICIO YU	USD
OTROS	USD
PROPIAS O	USD
MISCELANEO	USD
SUBTOTAL	USD
FINANCIAMIENTO	USD
DEPOSITO	USD
TOTAL	USD

No. 21075457C **CLIENTE**

Debo y pagare a METROMANABI C.A. la suma de \$ 80.00 (ochenta dólares) en concepto de factura, incondicionalmente en el lugar que se me reconvenca. Renuncio a fuero y domicilio. En caso de mora pagare al máximo interés convencional a partir del vencimiento así como también pagare los gastos judiciales y extrajudiciales, inclusive, costas y honorarios profesionales, que ocasionen el cobro de esta obligación, siendo suficiente prueba para establecer el monto de tales gastos, la sola aseveración de la acreedora, sin protesto.

PAGE 66 OF 70 PAGES
 RECIBI CONFORME 
 FIRMA AUTORIZADA
 Rogamos hacer su cancelación con cheque cruzado a la orden de METROMANABÍ C.A.

FIRMA C.I.:

6.7C



JW MARRIOTT.

QUITO

Amazonashot (Hotelería, Organizaciones y Turismo) S.A.

Adquiriente:

Mrs. JESSICA NOEL

Room No. : 0549

Arrival : 20/01/05

Departure : 24/01/05

USA

RUC#

Resolución No. 0281

Número de autorización SRI: 923008569 válido hasta julio 2005

FACTURA 001-004 No: 0172654

JW Marriott Hotel Quito, 24/01/05/11:28/14 JA/2

Date	Reference	Charge	Credit
23/01	-IVA B Center #0549 : CHECK #2997		
23/01	Room Charge	89.00	
23/01	IVA Room	10.68	
23/01	Service 10% Room	8.90	
24/01	-Room Service Breakfast #0549 : CHECK #1925	6.80	
24/01	-IVA Room Service #0549 : CHECK #1925	0.82	
24/01	-Ser 10% Room Service #0549 : CHECK #1925	0.68	
24/01	-TIP Room Servic #0549 : CHECK #1925	2.00	
24/01	-B Center Services #0549 : CHECK #3025		
24/01	-IVA B Center #0549 : CHECK #3025		
24/01	Minibar VINO BLANCO	6.00	
24/01	Mastercard XXXXXXXXXXXXX9071 XX/XX		587.87
		587.87	587.87

Folio Amount Net	471.80
IVA 12.00%	56.62
Service 10.00%	42.46
No VAT Included	17.00

Excentos del 1%, retención en la fuente según el artículo No. 26 de la ley especial de desarrollo turístico.

- Original: Adquiriente
- Copia 1 : Emisor
- Copia 2 : Sin derecho a crédito

SELECCIONE LA TARJETA QUE CORRESPONDA

CADUCA EN 10/03 06/30/06

JESSICA E. NOEL

DHS USC6

AMAZONAS HOT(H.MARRIOTT)

FL.466 717-MC.6 057174

122 1252

FAVOR GIRAR

COMERCIO US\$

SERVICIO IVA US\$

PROPIAS O US\$

SUBTOTAL US\$

TOTAL US\$

CLIENTE

Buenos Aires • Costa de S

No. 6732268

6,7c



JW MARRIOTT.
QUITO

Amazonashot (Hotelería, Organizaciones y Turismo) S.A.
Adquiriente:
Mrs. JESSICA NOEL

Room No. : 0549
Arrival : 20/01/05
Departure: 24/01/05

USA

AMAZONASHOT
(Hotelería, Organizaciones y Turismo) S.A.
R.U.C. 1791346251001
Contribuyente Especial
Orellana 1172 y Avenida Amazonas
Quito, Ecuador
Teléfono: (593-2) 2972 000
Fax: (593-2) 2972 050

RUC#

Resolución No. 0281
Número de autorización SRI: [REDACTED] válido hasta julio 2005
FACTURA 001-004 No: 0172654

JW Marriott Hotel Quito, 24/01/05/11:28/14 JA/1

Date	Reference	Charge	Credit
20/01	Room Charge	89.00	
20/01	IVA Room	10.68	
20/01	Service 10% Room	8.90	
20/01	-Room Service Lunch #0549 : CHECK #1774	9.50	
20/01	-IVA Room Service #0549 : CHECK #1774	1.14	
20/01	-Ser 10% Room Service #0549 : CHECK #1774	0.95	
20/01	-TIP Room Servic #0549 : CHECK #1774	2.00	
20/01	-Telephone Charge #549 : 001206217630	[REDACTED]	
21/01	Room Charge	89.00	
21/01	IVA Room	10.68	
21/01	Service 10% Room	8.90	
21/01	-TIP Bistro Latino #0549 : CHECK #636	2.00	
21/01	-Telephone Charge #549 : 001206217630	[REDACTED]	
21/01	-Bistro Latino Dinner #0549 : CHECK #669	10.70	
21/01	-Bistro Latino W #0549 : CHECK #669	5.99	
21/01	-Bistro Latino L #0549 : CHECK #669	5.99	
21/01	-IVA Bistro Latino #0549 : CHECK #669	2.72	
21/01	-Ser 10% Bistro Latin #0549 : CHECK #669	2.27	
21/01	-TIP Bistro Latino #0549 : CHECK #669	4.00	
22/01	-H Club Services #0549 : CHECK #8933	31.25	
22/01	-IVA Health Club #0549 : CHECK #8933	3.75	
22/01	-TIP Health Club #0549 : CHECK #8933	5.00	
22/01	-Telephone Charge #549 : 2235433	[REDACTED]	
22/01	-B Center Services #0549 : CHECK #2978	[REDACTED]	
22/01	-IVA B Center #0549 : CHECK #2978	[REDACTED]	
22/01	- Pastry Shop Food #0549 : CHECK #8320	4.37	
22/01	-IVA Pastry Shop #0549 : CHECK #8320	0.52	
22/01	Room Charge	89.00	
22/01	IVA Room	10.68	
22/01	Service 10% Room	8.90	
23/01	-Room Service Breakfast #0549 : CHECK #1878	7.95	
23/01	-IVA Room Service #0549 : CHECK #1878	0.95	
23/01	-Ser 10% Room Service #0549 : CHECK #1878	0.80	
23/01	-TIP Room Servic #0549 : CHECK #1878	2.00	
23/01	-B Center Services #0549 : CHECK #2997	[REDACTED]	

FAVOR GIRAR CHEQUE A NOMBRE DE AMAZONAS H.O.T. S.A.

Buenos Aires • Costa de Saupe • Lima • Rio de Janeiro • Santiago • Sao Paulo

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6,7c

1. Name of Traveler (Last Name, First Name, MI)
NOEL, JESSICA E.

2. Grade/Rank
LTJG/O-2

3. Current Duty Station:
CGC HEALY

4. Work Phone Number:
206-217-6300

5. Departure Date:
12 JAN 05

6. Expected Date of Return to POS:
1 MAR 05

7. Estimated Days:
49

8. Order Issuing Authority:
CGC HEALY

9. Authorized **05** days of Leave
Dates of LV: **13 JAN 05 to 18 JAN 05**

10. BLANKET ORDERS FOR REPEAT TRAVEL (Doc type 13 TONO) (NOTE: A copy of this blanket order must be attached to each submission of DD-1351-2) (See Block 12 for Geographical location)

11. FOR MEDICAL TRAVEL: Inpatient Outpatient Attendant Escort

12. A. REPORT TO: UNIT / CITY / COUNTY / STATE / COUNTRY
CGC HAMILTON

B. Purpose of TDY:
TDY

C. Dates of TDY:
12JAN-1MAR

D. Authorized Variations
 Yes No
 Yes No
 Yes No

13. Remain Over Night (RON) awaiting transportation may be authorized for **1** night(s) at (locality) **QUITO, EC**

14. CURRENT MESSING ENTITLEMENT AT PERMANENT DUTY STATION: (Choose only one) ESM/EUM ENL BAS ENL REG BAS

Max Locality Per Diem Rate: Lodging \$ _____ M&IE \$ _____
(Lodging Receipts required for reimbursement)

14 PER DIEM

QUARTERS

GOVERNMENT Use Directed (fee reimbursable)

COMMERCIAL Lodging (Gov't Quarters NOT Available)

MESSING

GOVERNMENT Rate (Military Only)

Mess is Directed for ALL three meals

Proportional Rate

Reduced per diem of \$ _____ (IAW COMDT (G-WPM-2) LTR 4600 of _____)

COMMERCIAL Rate (Full Locality Per Diem)

Reduced per diem of \$ _____ (Civilian Only)

NO PER DIEM Authorized (Civilian Only)

Exemption: Actual Expense Authorized (REF U4210-A, JFTR)
The Amount \$ _____ per day allowed at _____ for period _____

16. MODE OF TRAVEL: (Mode of travel to TDY site and RETURN) (Average Official travel from either a CTO, In-house or office or TMC, U3120, JFTR)

Commercial Carrier (At own expense subject to reimbursement)

GOVT Procured Transportation Tickets (GTA)

GOVT Owned Conveyance Auto Vessel Plane

Privately Owned Conveyance (POC): Car Airplane Motorcycle

POC is more advantageous to the Gov't

POC is authorized not to exceed the cost of a GTR \$ _____

17. TRAVEL AT TDY SITE:

Rental Car (compact) Upgrade Authorized - size _____

Local travel: taxi / bus / metro / other public conveyance

18. AUTHORIZED REIMBURSABLE EXPENSES:

Registration Fees (if meals are included - report in Block 18, DD-1351-2)

Conference Cost (per U2550, JFTR & 301-74.2, FTR)

Excess baggage.

Official Communication Service fees (phone, fax, data service, etc.)

Personal Telephone Calls NTE \$ _____ daily.

Civilian Travelers Only: One telephone call authorized per day NTE \$ 5 (INCONUS) \$10 (OCONUS)

19. REMARKS / AUTHORIZATIONS / ADDITIONAL INSTRUCTIONS: (A receipt is required for any expenses \$75.00 or greater)

YOU ARE AUTHORIZED A ROUND TRIP TICKET FROM SEATTLE, WA TO QUITO, EC AND RETURN FROM SAN SALVADOR TO SEATTLE, WA.

If Training, insert CGHRMS Course ID:

20. TRAVEL ADVANCE AUTHORIZATION: GOVT Travel Charge Card holder
Travel advance is authorized in the amount of \$ _____ Not a GOVT Travel Charge Card holder / Charged to TONO (Attach SF-1036)

21. Coast Guard Travel Order Number (18 digits) | Travel funds are chargeable against: (If travel spans over FYs, provide base/Act. along for both FYs)

1	1	0	5	8	5	5	6	G	D	T	0	5	0	0	0	2	6	501	133	30	0	GD	14102	2110	\$ 2300.00	
																2										\$

Doc Type	Fiscal Year	Site Code	C O	R O	Prog Element	Document Sequence	Suffix	Agry Code	Reg Det	Appn Code	Lim Code	Alot Fund	Alot lev	Program Element	Cost Center	Object Class	Estimated Cost

21a. Date _____ Signature (Approving Official) _____

21b. Date _____ Signature (Fund Certification) _____

22. If Using Other Gov't Agency Funds, Contact FINCEN (OGG) and Insert Reimbursable Agreement Number (RAN):

Except as noted the approved TDY is authorized and directed. Proceed and report to the places and in the order listed in block 12 above. Deviations should not be made to visit places or areas not listed in block 12 above, without prior written or verbal orders from proper authority. Upon completion of the TDY selected, return to this command and resume your regular duties.

23. AUTHORIZING OFFICIAL SIGNATURE (Name, Rank, Title) _____ AO's Phone Number _____

24. TRAVELERS SIGNATURE _____ Date _____

25. Use this block to amend the order when not previously authorized after travel has been completed (may be handwritten).

Must be signed by Approving Official Only: _____ Date: _____

TRAVEL VOUCHER OR SUBVOUCHER

(Daily Expenses)

4. NAME (Last, First, Middle Initial)

NOEL, JESSICA E

Date	Day Type	Daily Lodging	Computed Meal Types			Claimed Meal Types			Actual Expenses Claimed			
			Br	Lu	Dn	Br	Lu	Dn	Br	Lu	Dn	Inc
01/20/2005	LDP	89.00	CM	CM	CM	CM	CM	CM				
01/21/2005	LDP	89.00	CM	CM	CM	CM	CM	CM				
01/22/2005	LDP	89.00	CM	CM	CM	CM	CM	CM				
01/23/2005	LDP	89.00	CM	CM	CM	CM	CM	CM				
01/24/2005	LDP	76.00	CM	CM	CM	CM	CM	CM				
01/25/2005	LDP	0.00	CM	CM	CM	CM	CM	CM				
01/26/2005	OB	0.00										
01/27/2005	OB	0.00										
01/28/2005	OB	0.00										
01/29/2005	OB	0.00										
01/30/2005	OB	0.00										
01/31/2005	OB	0.00										
02/01/2005	OB	0.00										
02/02/2005	OB	0.00										
02/03/2005	OB	0.00										
02/04/2005	OB	0.00										
02/05/2005	OB	0.00										
02/06/2005	OB	0.00										
02/07/2005	OB	0.00										
02/08/2005	OB	0.00										
02/09/2005	OB	0.00										
02/10/2005	OB	0.00										
02/11/2005	OB	0.00										
02/12/2005	OB	0.00										
02/13/2005	OB	0.00										
02/14/2005	OB	0.00										
02/15/2005	OB	0.00										
02/16/2005	OB	0.00										
02/17/2005	OB	0.00										
02/18/2005	OB	0.00										
02/19/2005	OB	0.00										
02/20/2005	OB	0.00										
02/21/2005	OB	0.00										
02/22/2005	OB	0.00										
02/23/2005	OB	0.00										
02/24/2005	OB	0.00										
02/25/2005	OB	0.00										
02/26/2005	OB	0.00										
02/27/2005	OB	0.00										
02/28/2005	OB	0.00										
03/01/2005	OB	0.00										
03/02/2005	LDP	74.00	CM	CM	CM	CM	CM	CM				
03/03/2005	LDP	99.00	CM	CM	CM	CM	CM	CM				
03/04/2005	LDP	0.00	CM	CM	CM	CM	CM	CM				

Day Types

LDP = Lodging Plus, OB = OnBoard Ship, FD = Field Duty, SD = Sea Duty, LV = Leave, AE = Actual Expense, AELP = Actual Expense/Meals LDP
 GRP = Group Travel, FLT = Flat Per Diem, RED = Reduced Per Diem, AF = Alaskan Ferry, NP = No Per Diem, SAE = 300 % AE, SAELP = 300 % AELP

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement for official travel.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example: \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, all of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

USCG TRAVEL PAYMENT STATUS AND DEBT/OVERPAYMENT COLLECTION

- When Industrial Site accounting used - contact the accounting office that funded travel.
- For all others - contact the CG Finance Center at 1-800-564-5304 and follow the prompts. For personal assistance and instructions for repayments or rescheduling of travel debts call (757) 523-6940. A Due Process debt notification letter w/instructions will be sent to you.
- If no payment status is indicated call HRSIC Travel at 1-888-USCG-TVL.

REQUIRED ATTACHMENTS FOR TRAVEL VOUCHER AUDIT SUBMISSIONS

Claims will be audited based on a random sampling plan or because the net entitlement of the travel equaled or exceeded \$2,500.00.

Assemble your claim as follows:

1. (Top) Travel Voucher, Continuation Page, and Daily Expense Record, DOD or UTS record.
2. Original of all travel orders and amendments, as applicable.
3. Dependent and/or other family member travel authorizations or claim documentation.
4. Required Receipts: Hotel/motel receipts and any item of expense claimed in the amount of \$75.00 or more. (Ticketless Travel records require a method of purchase statement).

When directed, submit the above in an envelope addressed to HRSIC (TVL) marked "Audit".

ITEM 15. ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation (Own Expense)	- C	Bus	- B
Privately Owned	- P	Plane	- P
Convenience (POC)	- P	Rail	- R
Alaska Ferry System	- AF	Vessel	- V
Change Status	- CS		

15d. REASON FOR STOP

Authorized Delay	- AD	Change of Home Port	- HP
Awaiting Transportation	- AT	Leave En Route	- LV
Continuous OS Travel	- CT	Mission Complete	- MC
Designated Location	- DL	Pick Up Passengers	- PP
Drop Off Passengers	- DP	Pick Up Vehicle	- PV
Drop Off Vehicle	- DV	Sick Leave	- SL
Enroute Stop Over	- ES	Temporary Duty	- TD
House Hunting	- HH	Voluntary Return	- VR

15e. LODGING COST

UTS requires the entry of the per-day (daily) cost of Lodging. Place and claim INCONUS lodging taxes in the reimbursable expense section.

ITEM 19 - DEDUCTIBLE MEALS

Use the UTS "Exception" button to enter deductible meals. Meals consumed by a member when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition and deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS

UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN

Receipts Required:

- HOTEL RECEIPT(S) FOR GUATEMALA CITY : GUATEMALA
- HOTEL RECEIPT(S) FOR MIAMI ; FLORIDA
- HOTEL RECEIPT(S) FOR QUITO : ECUADOR

TRAVEL VOUCHER OR SUBVOUCHER

Read privacy act statement, penalty statement and instructions on back before completing form. Use typewriter ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed continue in Remarks.

1. PAYMENT REQUIRED BY (X one) <input checked="" type="checkbox"/> Electronic Funds Transfer (EFT) <input type="checkbox"/> Payment By Check Split Disbursement: Amt to Govt. Tvl Charge Card \$		2. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		FOR D.O. USE ONLY 3. D.O. VOUCHER NUMBER	
4. NAME (Last, First, Middle Initial) (print or type) NOEL, JESSICA E		5. GRADE O2		6. SSN ██████████	
7. ADDRESS a. NUMBER AND STREET USCGC HEALY 1519 ALASKAN WAY S		b. CITY SEATTLE		c. STATE WA	
8. DAYTIME TELEPHONE NUMBER & AREA CODE 206-217-6300		9. TRAVEL ORDER NUMBER 11058556GDT05000		d. ZIP CODE 98134	
11. ORGANIZATION AND STATION 2114102 - CGC HEALY (WAGB 20)		10. PREVIOUS GOVERNMENT PAYMENT / ADVANCES (Do not include ATM Advances)		c. PAID BY	
12. DEPENDENTS (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		13. DEPENDENTS ADDRESS ON RECEIPT of ORDERS (include Zip Code)		d. COMPUTATIONS	
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. Date of Birth or Marriage	
14. Have Household Goods Been Shipped? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)					

15. ITINERARY

a. DATE 05	b. PLACE (home, office, base, activity, city and state, city and country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
1/20	DEP SEATTLE ; WASHINGTON	CB			
1/20	ARR SEATTLE ; WASHINGTON;		AT		0
1/20	DEP SEATTLE ; WASHINGTON	TP		0.00	
1/20	ARR QUITO ; ECUADOR;		TD		0
1/24	DEP QUITO : ECUADOR	TP		89.00	
1/24	ARR GUATEMALA CITY : GUATEMALA;		AD		0
1/25	DEP GUATEMALA CITY : GUATEMALA	TB		76.00	
1/25	ARR OTHER : GUATEMALA;		TD		0
3/2	DEP MANTA : ECUADOR	CP		0.00	
3/2	ARR QUITO : ECUADOR;		AD		0
3/3	DEP QUITO : ECUADOR	TP		74.00	
3/3	ARR MIAMI ; FLORIDA;		AD		0
3/4	DEP MIAMI ; FLORIDA	TP		99.00	
3/4	ARR SEATTLE ; WASHINGTON;		AT		0
3/4	DEP SEATTLE ; WASHINGTON	CB		0.00	
3/4	ARR SEATTLE ; WASHINGTON;		MC		0

Handwritten notes:
 GOOD
 17 NOV 05
 SEE N
 PASSPORT
 DIFFER

16. POC TRAVEL (X one) OWN/OPERATE PASSENGER **DURATION OF TDY TRAVEL**

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	e. DURATION
1/20/05	BUSFARE	30.00	30.00	12 HOURS OR LESS
1/24/05	TAXI	24.00	24.00	MORE THAN 12 HOURS BUT 24 HOURS OR LESS
1/24/05	TIPS (TAXI)	5.00	5.00	MORE THAN 24 HOURS
1/24/05	LODGING TAX-CONUS/US TERR	107.31	107.31	MORE THAN 24 HOURS
1/24/05	COMMUNICATION SVC CHG FAX	33.40	33.40	
1/24/05	AIRPORT DEPARTURE TAX	50.00	50.00	
1/20/05	PASSPORT FEES	161.00	161.00	
3/2/05	AIRFARE	55.00	55.00	
3/2/05	AIRFARE SERVICE FEE	4.90	4.90	

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

(SEE DAILY EXPENSES)

20. a. CLAIMANT SIGNATURE
 JESSICA E NOEL **b. DATE**
 03/26/2005

21. a. APPROVING OFFICER SIGNATURE
 NOT YET APPROVED **b. DATE**

22. ACCOUNTING CLASSIFICATION
 2 6 501 133300 GD 14102 2110

23. COLLECTION DATA

24. COMPUTED BY **25. AUDITED BY** **26. Travel Order Posted by** **27. RECEIVED (Payee Signature and Date or Check No.)** **28. AMOUNT PAID**

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Sent 6/29/04

MARK HERE FOR GUARD OR RESERVE PRE-ENROLLMENT

APPLICATION FOR UNIFORMED SERVICE IDENTIFICATION CARD DEERS ENROLLMENT

Form Approved OMB No. 0704-0020 Expires Aug 31, 1990

SECTION I SPONSOR INFORMATION

1 NAME (Last, First, Middle) NOEL, JESSICA			2 SEX F		3 SSN (or SAI)		4 STATUS AD		5 BR OF SERVICE USCG						
6 PAY GRADE O2		7 RANK LTJG		8 GEN CAT II		9 TYPE OF CARD ISSUED		10 ID NO.		11 LAST UPDATE (YYYYMMDD)					
13 CURRENT RESIDENCE ADDRESS						14 SUPPLEMENTAL ADDRESS INFORMATION									
15 CITY			16 STATE WA		17 ZIP CODE		18 COUNTRY US		19 UIC 21-14102		20 HOME TELEPHONE NO (Include Area Code)				
21 DATE OF BIRTH (YYYYMMDD) 1974NOV20		22 BLOOD TYPE		23 COLOR EYES		24 COLOR HAIR		25 HEIGHT		26 WEIGHT		27 MEDICARE		28 MARITAL STATUS DIV	
29 ELIG ST/MC EFF DATE (YYYYMMDD) 2001SEP30		30 CARD EX/ELIG END DATE (YYYYMMDD) INDEF		31 PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) MC N MS Y C Y T Y EU Y EL N								32 END ELIG REASON			

SECTION II DEPENDENT INFORMATION

33 NAME (Last, First, Middle)			34 SEX		35 RELATIONSHIP		36 SSN		37 ID NO								
38 LAST UPDATE (YYYYMMDD)		39 V/I		40 CURRENT RESIDENCE ADDRESS				41 SUPPLEMENTAL ADDRESS INFORMATION									
42 CITY			43 STATE		44 ZIP CODE		45 COUNTRY		46 HOME TELEPHONE NO (Include Area Code)		47 DATE OF BIRTH (YYYYMMDD)						
48 MBI		49 STU		50 NCAP		51 MEDICARE		52 COLOR EYES		53 COLOR HAIR		54 HEIGHT		55 WEIGHT		56 DATE OF MARRIAGE (YYYYMMDD)	
57 ELIG ST/MC EFF DATE (YYYYMMDD)		58 CARD EX/ELIG END DATE (YYYYMMDD)		59 PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) MC MS C T EU EL								60 END ELIG REASON					
61 NAME (Last, First, Middle)			62 SEX		63 RELATIONSHIP		64 SSN		65 ID NO								
66 LAST UPDATE (YYYYMMDD)		67 V/I		68 CURRENT RESIDENCE ADDRESS				69 SUPPLEMENTAL ADDRESS INFORMATION									
70 CITY			71 STATE		72 ZIP CODE		73 COUNTRY		74 HOME TELEPHONE NO (Include Area Code)		75 DATE OF BIRTH (YYYYMMDD)						
76 MBI		77 STU		78 NCAP		79 MEDICARE		80 COLOR EYES		81 COLOR HAIR		82 HEIGHT		83 WEIGHT		84 DATE OF MARRIAGE (YYYYMMDD)	
85 ELIG ST/MC EFF DATE (YYYYMMDD)		86 CARD EX/ELIG END DATE (YYYYMMDD)		87 PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) MC MS C T EU EL								88 END ELIG REASON					

SECTION III SPONSOR DECLARATION AND REMARKS

89 REMARKS (Cite legal documentation, as applicable.)
SNO WAS DIVORCED ON 18MAY04. PLEASE REMOVE HER EX-HUSBAND [REDACTED]

I have read and understand the "Conditions Applicable to Sponsor or Applicant" printed in Section VIII on Page 2. I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the verifying official, the signature must be notarized.)

90 SIGNATURE [REDACTED]

91 DATE SIGNED (YYYYMMDD)
2004JUN25

SECTION IV VERIFIED BY

92 TYPED NAME (Last, First, Middle)			93 PAY GRADE ENC/E7		94 UNIT/COMMAND NAME USCGC HEALY (WAGB-20)		
95 TITLE BY DIRECTOR		96 UIC 21-14102		97 DUTY PHONE NO 3084374897		98 UNIT/COMMAND ADDRESS (Street, City, State, Zip Code) 1519 ALASKAN WAY, S. SEATTLE, WA 98134	
99 SIGNATURE [REDACTED]		100 DATE VERIFIED (YYYYMMDD) 2004JUN25					

SECTION V ISSUED BY

101 TYPED NAME (Last, First, Middle)			102 PAY GRADE		103 UNIT/COMMAND NAME		
104 TITLE		105 UIC		106 DUTY PHONE NO		107 UNIT/COMMAND ADDRESS (Street, City, State, Zip Code)	
108 SIGNATURE		109 DATE ISSUED (YYYYMMDD)					

SECTION VI RECEIPT

RECEIPT OF NEW CARD IS ACKNOWLEDGED

110 SIGNATURE

111 DATE SIGNED (YYYYMMDD)

b(6) + 7(c)

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6.7c

CITIBANK® GOVERNMENT PURCHASE OR TRAVEL CARD MAINTENANCE FORM **citigroup**

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I INSTRUCTIONS

1. To change information for existing accounts:

- Complete section II with the type of request. *******Fill in only the applicable fields to be updated.*******
- Fill in the individual Government Card number: _____
- Fill in the cardholder's name as it appears on his/her Government Card: JESSICA E NOEL

2. Approved copy to be maintained in Agency/Organization Program Coordinators files.

3. Fax completed form to 805-330-6801 or mail to Citibank® Government Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.

4. All changes will be completed within 3 business days unless requesting to move a centrally billed account from one billing site to another. This change will be made the next business day after the Agency/Organization's billing cycle.

SECTION II (1) TYPE OF CARDHOLDER MAINTENANCE REQUEST ("X" all applicable)

<input checked="" type="checkbox"/> A. Cardholder Information Change (Section III)	<input type="checkbox"/> F. Cash Advance Limit Change (Section V)
<input type="checkbox"/> B. Hierarchy Change (Section IV)	<input type="checkbox"/> G. Number of Transactions Limit Change (Section V)
<input type="checkbox"/> C. MCC/Blocking Change (Section V)	<input type="checkbox"/> H. Account Closure
<input type="checkbox"/> D. Dollars per Cycle Limit Change (Section V)	Reason _____ (Section VI)
<input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V)	Other Changes: _____

SECTION III CARDHOLDER INFORMATION (Please Print)

(2) JESSICA E. NOEL
 *First Name of Cardholder Middle Initial Last Name (maximum 24 characters total)

(3) DHS USCG
 Agency/Organization Name (maximum 24 characters)

(4) _____
 *4th Line Embossing (maximum 20 characters)

(5) _____
 Social Security Number (Travel Card only)

(6) _____
 Home Mailing Street Address Line 1 (maximum 36 characters)

(6) _____
 Home Mailing Street Address Line 2 (maximum 36 characters)

(7) _____
 Date of Birth

(8) _____
 City State Zip Code Country

(8) Commanding Officer, USCGC HEALY (WAGB-20)
 Business Mailing Street Address Line 1 (maximum 36 characters)

(8) 1519 Alaskan Way S.
 Business Mailing Street Address Line 2 (maximum 36 characters)

(8) Seattle WA 98134
 City State Zip Code Country

(9) Yes or No
 City Pair Program (circle one)

(10) invel@healy.uscg.mil
 E-mail Address

(11) _____
 Fax Number

(12) _____
 Discretionary Code 1 (maximum 12 characters)

(12) _____
 Discretionary Code 2 (maximum 20 characters)

(12) _____
 Discretionary Code 3 (maximum 15 characters)

SECTION IV REPORTING PARAMETERS

(12) Current Reporting Hierarchy: 20071 20002 70216

(13) New Reporting Hierarchy: _____

(14) Processing Unit #: _____ (maximum 5 characters)

(14a) MAC/LOA/ASC: _____

SECTION V (15) AUTHORIZATION PARAMETERS

New Dollars per Cycle Limit: \$ _____

New Dollars per Transaction Limit: \$ _____

New Number of Transactions per Cycle: _____ Day: _____

New MCC Template Name: _____

Convenience Checks (Purchase): Y _____ N _____ 2 Books _____ 6 Books _____

If eligible for Convenience Checks, maximum payment amount equals: \$ _____

ATM Access: Y _____ N _____ Access Limit: Daily \$ _____, Weekly \$ _____, Cycle \$ _____

Travellers Cheques (Travel): Y _____ N _____

SECTION VI ACCOUNT CLOSURE INSTRUCTIONS

1. A/OPC needs to advise cardholders to destroy their card(s). 2. A/OPC needs to advise cardholders to destroy any unused convenience checks.

3. A/OPC needs to state the reason account is being closed (i.e., Resigned, Terminated, Deceased, Retired, Duplicate Acct, Closed by Agency, Transferred to other Agency, Other).

SECTION VII AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE

(16) Approving Agency/Organization Program Coordinator's Signature _____ Date _____

Telephone _____ Fax _____

CB002 1/2 Final 2/18/04 *With revisions, a new card will automatically be sent. You must call Customer Service to have card activated. Numbers in parentheses correspond to numbers on guide sheet on next page.

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