

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

**VOUCHER FOR REIMBURSEMENT**

**EXPENSES INCIDENT TO DEPENDENTS TRAVEL**

D. O. VOU. No. \_\_\_\_\_

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

BU. VOU. No. \_\_\_\_\_

THE UNITED STATES, DR.

**HALL, Howard Tracy Ens., E(L), USNR 408957**  
(Last Name) (First) (Middle) (Rank or Rating) (File or Service No.)

OFFICIAL ADDRESS **2530 Fowler Ave.**

**Ogden, Utah**

CERTIFICATE OF DEPENDENCY OF CHILDREN

(For use of Paying Officer)

AMOUNT

DOLLARS CENTS

\$ **32 80**

PAID BY CHECK No. \_\_\_\_\_

**MEMORANDUM**

ACCOUNTING CLASSIFICATION (For completion by Administrative Officer)

FARE AUTHORIZED

APPROPRIATION, LIMITATION OR PROJECT SYMBOL	APPROPRIATION TITLE	FROM	TO
<b>1760813</b>	<b>T&amp;RNF 1945 7413</b>	RAIL	
		PULLMAN	
		TOTAL	\$

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

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

NAME	RELATIONSHIP	DATE OF BIRTH OF CHILDREN
<b>Ida Rose HALL</b>	<b>WIFE</b>	
<b>Shirlene HALL</b>	<b>DAUGHTER</b>	<b>9 May 1943</b>
<b>Howard Tracy HALL, Jr.</b>	<b>SON</b>	<b>19 October 1945</b>

I certify that my dependents were located **Oakland, Calif** when orders directing detachment (City and State)

from my old permanent station were received, and departed from that place on (date) **23 April 1946**

and arrived at **Salt Lake City, Utah** on (date) **24 April 1946** I further certify that my (City and State) **children are**

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

I certify that the travel covered by this claim represents the entire travel of all my dependents which has been or will be made on this change of station except as follows: **No exception**

\*Reimbursement requested herein is (is not) in accordance with par. B of Sec Nav letter of 23 Dec. 1943.

\*I hereby designate \_\_\_\_\_ as point to which transportation of dependents is desired.

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

SIGN ORIGINAL ONLY **H.T. HALL**

DATE **7 MAY 1946** RANK OR RATING **Ensign, E(L)T** U. S. N. **R.**

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

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

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

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

5. SECURELY STAPLE ALL PAPERS TOGETHER.

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

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

NAME	RELATIONSHIP	DATE OF BIRTH OF CHILDREN
H. T. HALL		

Payment is requested for transportation for travel performed by the following, who were my dependents on the effective date of orders:

DESCRIPTION OF SERVICE	DATE	TO

MEMORANDUM		PAID BY CHECK NO.
		3580
		DOLLARS
		CENTS
		THIRTY
		(For use of Paying Officer)

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

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

SIGNATURE