

15-6

Investigation

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STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
2825 West Dublin Granville Road
Columbus, Ohio 43235-2789

S: 30 April 2011

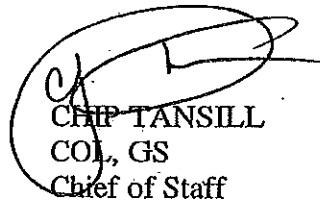
NGOH-CS.

30 March 2011

MEMORANDUM FOR CDR, 16th Engineer Brigade, 3990 E. Broad Street, Bldg #2
Columbus, OH 43213-1152

SUBJECT: 15-6 investigation review and final disposition (11-005)

1. The attached 15-6 has been found complete and adequate. Allegations have been substantiated by the investigating officer. This office concurs with the findings as annotated in Block VIII of the DA Form 1574.
2. Please take appropriate action and provide final disposition IAW the attached format NLT, 30 April 2011. POC for this action is the undersigned or MAJ Thomas Moore, 614-336-7260.


CHIP TANSILL
COL, GS
Chief of Staff

CF:
MAJ Moore

MEMORANDUM FOR AGOH-CS (COL Tansill) (date)

SUBJECT: Action on Informal Investigation

1. Action requested. At your request, I am advising you that I have taken the following actions recommended by the investigating officer:

(list counselings and disciplinary actions)

2. Additional actions. Although not recommended by the investigating officer, I took the following additional actions to ensure that this situation does not arise again. If you need further information to close out the investigation, please advise.

NAME
COL, AD
Commanding

STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
2825 West Dublin Granville Road
Columbus, Ohio 43235-2789

NGOH-JA

24 March 2011

MEMORANDUM FOR AGOH-CS (COL Tansill)

SUBJECT: Legal Review of Informal Investigation

1. As directed. As directed in his appointment order, the report prepared by LTC Fenton Moore has been presented for my review. I find his report legally sufficient, except as noted below.
2. Rationale for legal sufficiency. Reviewing the report under AR 15-6 dated 2 October 2006, the investigation was consistent with legal requirements suggested by subpara 2-8.g.(1). There were no substantial errors in the investigation; the factual findings are supported by the greater weight of the evidence; and the recommendations are consistent with the findings of fact.
3. Consistency of investigation with requirements. The report was generally consistent with requirements. No respondent was named and LTC Moore's appointment order directed him to investigate allegations, although admitted concerning named individuals. He was nevertheless entitled to presume that his report will not be retrievable by name or other personal identifier and there was no need to advise anyone of their rights under the Privacy Act. Nothing about the report is inconsistent with this assumption. There is no explanation for the arrival in my office on 24 March of a Report of Investigation due on 23 March; but that is your sole concern as the successor appointing authority.
4. Errors in investigation. None, except as discussed below.
5. Findings of fact.
 - a. SSG Gottke. LTC Moore found that SSG Gottke had submitted altered records in support of a travel voucher. This "finding" is an amalgamation of the content in block IV, DA Form 1574. While not clear and concise as required by AR 15-6, the finding is legally sufficient in that it is supported by the greater weight of the evidence.
 - b. 2LT Phillips. LTC Moore found that 2LT Phillips submitted altered records in support of his travel voucher. Again, this "finding" is an amalgamation of the content in block IV, DA Form 1574. While not clear and concise, the finding is supported by the greater weight of the evidence.


NGOH-JA
SUBJECT: Legal Review of Informal Investigation

6. Recommendations. Consistent with his findings, LTC Moore recommended that:

- a. Both Soldiers be appropriately disciplined by their chain of command; and
- b. That the substantiated balances are reimbursed the Soldiers and any unsubstantiated sums be recouped by the USP&FO.

7. Reviewing officer observations. The recommendations of LTC Moore are neither binding on the chain of command, nor conclusive of financial liability. I recommend that we consult with the Ohio State Highway Patrol to determine whether these two Soldiers should be prosecuted. 2LT Phillips' future as a commissioned officer and that of SSG Gottke as a noncommissioned officer should be carefully scrutinized. In addition to the matters discussed in the report, 2LT Phillips should be advised that under para 4-14, AR 600-20, commissioned officers share accommodations with enlisted personnel only out of operational necessity.

8. Attorney-client privileged. This review is my advice to you as your legal counsel. It is not a part of the report of investigation and should be shared only as you deem fit. This is not a review of any contemplated action or investigation not yet submitted for review.


FOR: DUNCAN D. AUKLAND
LTC, JA, OHARNG
JFHQ Judge Advocate

ANNUAL RECORDS REVIEW
PERSONNEL QUALIFICATION RECORD (PQR) JUNIOR

SOLDIERS NAME: PHILLIPS MARK RYAN RYE DATE: 0920 Run Date: 04 May 11
SSN: 268861902 SEX: MALE PAY GRADE O1 RANK: 2LT DOR: 20100709 ETS/MRD: 20380731

ORGANIZATIONAL DATA

ASSIGNED PRN: 646
UNIT: 812TH ENGR CO (CARRIER)
ATTACHED PRN:
UNIT:

MEDICAL / PERSONAL DATA

YR MO LAST PHYSICAL EXAM: 201103
OVER FORTY SCREENED / DATE:
PULSES: 111111 HEIGHT: 68
WEIGHT: 170

UMR / MOS / SECURITY DATA

DUTY POSITION: PLATOON LEADER
PARAGRAPH: 104 LINE 01 DPOS EXCESS: 999T
DUTY MOS: 12B00 DPOSQ: NOT QUALIFIED
PMOS-ASI: 00D SMOS-ASI: YYY AMOS-ASI: YYY
SECURITY CLEARANCE: SECRET
DATE CLEARANCE GRANTED: 20090427
TYPE INVESTIGATION:
FAVORABLE NATIONAL AGENCY CHECK (NAC) COMPLETE

RACE POPULATION GROUP: WHITE
ETHNIC GROUP: OTHER
DATE OF BIRTH: 19860322
MARITAL STATUS: SINGLE DEPENDENTS: 0
BAQ DEP TYPE: NO DEPENDENTS/UNKNOWN
BAQ STAT: NO DEPENDENTS
BAQ EFF DATE: BAQ DOB PD:
RELIGION: ROMAN CATHOLIC CHURCH
MAILING ADDRESS:
11335 CLARIDON TROY ROAD
CHARDON OH, 44024

OFFICER UNIQUE DATA

BASIC BRANCH: EN PROM CONS CODE: YY DATE PROJ PROM ELIG: 20120730
BR SCH ENRLD: NON-PARTICIPANT COMMISSION: 1 20100709
BR SCH COMPL: NON-PARTICIPANT

PAY RELATED DATA

TNG PAY CATEGORY:
48 IDT ASSEMBLIES ANNUALLY. (NOTE1)
PEBD: 20070921
FEDERAL W/H EXEMPTIONS: 00S
STATE TAX/ADD W/H: OHIO
SERVICE GROUP LIFE INSURANCE (SGLD): 400,000
INCENTIVE PAY: NON ENTITLEMENT
BENEFIT WAIVER STATUS: NOT APPLICABLE
BONUS:

ADMINISTRATIVE DATA

SOURCE OF ENLISTMENT:
DATE OF LAST OER/NCOER: 20100730
FLAG:
CURRENT APET SCORE: 245 PASS DATE: 201006
AGR IDENTIFIER:
NOT ON AN ACTIVE DUTY PROGRAM
TECHNICIAN SVC CODE:
NOT PERFORMING AS A TECHNICIAN - ALSO USED TO WIT

RETIREMENT DATA

RET YR END DATE: 0920 DATE SUR BEN ELEC STAT:
TOT YRS SVC FOR RETMT: SURVIVOR'S BENEFIT OPTION:
SURVIVOR'S BENEFIT ELECTION STATUS:
TWENTY YEAR CERTIFICATION STATUS: NOTIFICATION OF ELIGIBILITY FOR RETIRED PAY NOT ISSUED

EDUCATION / MGIB DATA

HIGHEST CIVILIAN EDUCATION: BACCALAURBATE DEGREE
MAJOR SUBJECT COLLEGE EDUCATION: NO INDICATION OF MAJOR SUBJECT
HIGHEST MILITARY EDUCATION: NONE
CURRENT MILITARY EDUCATION ENROLLED: NONE
RESERVE MONTGOMERY GI BILL STATUS:
RESERVE MGIB ELIGIBILITY START DATE:

*****VERIFICATION*****

- () REVIEW DD FORM 93 (UNIT COPY)
- () REVIEW RPAM STATEMENT
- () REVIEW SGLV 8286 (UNIT COPY)
- () REVIEW NGB FROM 590
- () ENTER MOST CURRENT PHONE NUMBER _____
- () CEI DB CERTIFIED/UPDATED
- () BAH (5960) RECERTIFIED

SIGNATURE

DATE

SECTION V - MISCELLANEOUS

27. REMARKS

ITEM CONTINUATION

DATA

28.

ITEM NO.

THIS IS A CERTIFIED TRUE COPY OF THE DOCUMENT ON FILE WITH THE STATE OF OHIO, ADJUTANT GENERAL'S DEPARTMENT.

5/4/2011

DATE

SIGNATURE OF PSB REPRESENTATIVE

STATE MILITARY AWARDS:

SECTION IX - RESERVE COMPONENT DATA

32a. READY RESERVE OBLIGATION EXPIRATION DATE:

b. DA FORM 3726 OR 3726-1 AGREEMENT EXPIRATION DATE:

c. SERVICE OBLIGATION EXPIRATION DATE:

d. MANDATORY REMOVAL FROM ACTIVE SERVICE:

e. RETIREMENT YEAR ENDING DATE 0920

29 DATE DA FORM 20B PREPARED:

30 DATE DUPLICATE DA FORM 2-1 SUBMITTED:

31.

REPORT OF CHANGES

		REPORT OF CHANGES																				33.																																																
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ANNUAL RECORDS REVIEW
PERSONNEL QUALIFICATION RECORD (POR) JUNIOR

SOLDIERS NAME: GOTTKE JUSTIN EARL RYE DATE: 0409 Run Date: 09 May 11
SSN: 283789661 SEX: Male PAY GRADE E6 RANK: SSG DOR: 090208 ETS/MRD: 130409

ORGANIZATIONAL DATA

ASSIGNED PRN: 644 UPC: X37AA
UNIT: 811TH ENGR CO (SAPPER)
ATTACHED UPC:

MEDICAL / PERSONAL DATA

YR MO LAST PHYSICAL EXAM: 1102
PULHES: 111121 HEIGHT: 68
WEIGHT: 160

UMR / MOS / SECURITY DATA

DUTY POSITION: SQUAD LEADER
PARAGRAPH: 107 LINE 01 DPOS EXCESS: YYYY
DUTY MOS: 12B30 DPOSQ: QUALIFIED
PMOS-ASI: 12B30 SMOS-ASI: 12N30 AMOS-ASI: YYYY
SECURITY CLEARANCE: None
DATE CLEARANCE GRANTED:
TYPE INVESTIGATION:
BNTNAC initiated but not completed

RACE POPULATION GROUP: White
ETHNIC GROUP: Other
DATE OF BIRTH: 810208
MARITAL STATUS: Single DEPENDENTS: 0
BAQ DEP TYPE: No dependents/unknown
BAQ STAT: Soldier without dependents
BAQ DOB PD: BAQ EFF DATE:
RELIGION: NO RELIGIOUS PREFERENCE
MAILING ADDRESS:
2434 NORTHBRANCH RD
GROVE CITY OH, 43123
(614) 260-7083

OFFICER UNIQUE DATA

BASIC BRANCH: PROM CONS CODE: DATE PROJ PROM ELIG:
BR SCH ENRLD: SRC COMM WO:
BR SCH COMPL: CMSN WO SVC DATE:

PAY RELATED DATA

ING PAY CATEGORY:
Member assigned to a unit in a non-pay status due to ADT/ADSW > 30
PEBD: 010410
FEDERAL W/H EXEMPTIONS: 00S
STATE TAX/ADD W/H: OHIO 00
SERVICE GROUP LIFE INSURANCE (SGLI): 400,000
INCENTIVE PAY: No entitlement
BENEFIT WAIVER STATUS: Not applicable
BONUS: Enlsted Cash Bonus

ADMINISTRATIVE DATA

SOURCE OF ENLISTMENT:
Voluntary enlistment in a reserve component prior to 3 Sep 63(any svc)
DATE OF LAST OERNCOER: 101031
FLAG: YYYYYGA
CURRENT APFT SCORE: 267 PASS DATE: 1009
AGR IDENTIFIER:
Active Duty Special Work (ADSW):
TECHNICIAN SVC CODE:
Not performing as a technician - also use to withdraw other codes

RETIREMENT DATA

RET YR END DATE: 0409 DATE SUR BEN ELEC STAT:
TOT YRS SVC FOR RETMT: 00 SURVIVOR'S BENEFIT OPTION:
SURVIVOR'S BENEFIT ELECTION STATUS:
TWENTY YEAR CERTIFICATION STATUS: Notification of eligibility for retired pay not issued

*** EDUCATION / MGIB DATA ***

HIGHEST CIVILIAN EDUCATION: 1 YEAR OF COLLEGE COMPLETED
MAJOR SUBJECT COLLEGE EDUCATION: NONE
HIGHEST MILITARY EDUCATION: BASIC
CURRENT MILITARY EDUCATION ENROLLED: NOT ENROLLED
RESERVE MONTGOMERY GI BILL STATUS: ELIGIBILITY TERMINATED; DECEASED/SEPARATED/TRANSFERRED
RESERVE MGIB ELIGIBILITY START DATE: 020418

*****VERIFICATION*****

() REVIEW DD FORM 93 (UNIT COPY) () REVIEW RPAM STATEMENT
() REVIEW SGLV 8286 (UNIT COPY) () REVIEW NGB FORM 590
() ENTER MOST CURRENT PHONE NUMBER _____

SIGNATURE

DATE

SECTION V - MISCELLANEOUS

27. REMARKS

28. ITEM CONTINUATION

ITEM NO. DATA

THIS IS A CERTIFIED TRUE COPY OF THE DOCUMENT ON FILE WITH THE STATE OF OHIO, ADJUTANT GENERAL'S DEPARTMENT.

SIGNATURE OF PSB REPRESENTATIVE DATE 5/12/2011

STATE MILITARY AWARDS: OEBCTR (20020104) / OHAWM (NUNZ) / OHSSR (060125) / OHSR / /

SECTION IX - RESERVE COMPONENT DATA

- 32a. READY RESERVE OBLIGATION EXPIRATION DATE:
- b. DA FORM 3726 OR 3726-1 AGREEMENT EXPIRATION DATE:
- c. SERVICE OBLIGATION EXPIRATION DATE:
- d. MANDATORY REMOVAL FROM ACTIVE SERVICE:
- e. RETIREMENT YEAR ENDING DATE 0409

29. DATE DA FORM 208 PREPARED:

30. DATE DUPLICATE DA FORM 2-1 SUBMITTED:

REPORT OF CHANGES

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69
70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92

PREPARED

DATE

REVIEWED

34. SIGNATURE

REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS

For use of this form, see AR 15-6; the proponent agency is OTJAG.

IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS

SECTION I - APPOINTMENT

Appointed by Chief of Staff, Ohio Army National Guard, Columbus, Ohio

(Appointing authority)

on 23 February 2011 *(Date)* *(Attach Inclosure 1: Letter of appointment or summary of oral appointment data.) (See para 3-15, AR 15-6.)*

SECTION II - SESSIONS

The *(Investigation) (board)* commenced at Columbus, Ohio at 1230
(Place) (Time)

on 24 February *(Date)* *(If a formal board met for more than one session, check here . Indicate in an inclosure the time each session began and ended, the place, persons present and absent, and explanation of absences, if any.)* The following persons *(members, respondents, counsel)* were present: *(After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)*

The following persons *(members, respondents, counsel)* were absent: *(Include brief explanation of each absence.) (See paras 5-2 and 5-8a, AR 15-6.)*

The *(Investigating officer) (board)* finished gathering/hearing evidence at 1400 on 22 March 2011
(Time) (Date)

and completed findings and recommendations at 1200 on 23 March 2011
(Time) (Date)

SECTION III - CHECKLIST FOR PROCEEDINGS

A. COMPLETE IN ALL CASES

		YES	NO	NA
1	Inclosures <i>(para 3-15, AR 15-6)</i>			
	Are the following inclosed and numbered consecutively with Roman numerals: <i>(Attached in order listed)</i>			
	a. The letter of appointment or a summary of oral appointment data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Copy of notice to respondent, if any? <i>(See item 9, below)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	c. Other correspondence with respondent or counsel, if any?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	d. All other written communications to or from the appointing authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	e. Privacy Act Statements <i>(Certificate, if statement provided orally)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	f. Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered <i>(e.g., absence of material witnesses)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	g. Information as to sessions of a formal board not included on page 1 of this report?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	h. Any other significant papers <i>(other than evidence)</i> relating to administrative aspects of the investigation or board?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FOOTNOTES: 1/ Explain all negative answers on an attached sheet.

2/ Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

	YES	NO	N/A
2 Exhibits (para 3-16, AR 15-6)			
a. Are all items offered (whether or not received) or considered as evidence individually numbered or lettered as exhibits and attached to this report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are copies, descriptions, or depictions (if substituted for real or documentary evidence) properly authenticated and is the location of the original evidence indicated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Are descriptions or diagrams included of locations visited by the investigating officer or board (para 3-6b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit (para 3-16d, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Was a quorum present when the board voted on findings and recommendations (paras 4-1 and 5-2b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)			
4 At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment (para 5-3b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Was a quorum present at every session of the board (para 5-2b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Was each absence of any member properly excused (para 5-2a, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Were members, witnesses, reporter, and interpreter sworn, if required (para 3-1, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If any members who voted on findings or recommendations were not present when the board received some evidence, does the inclosure describe how they familiarized themselves with that evidence (para 5-2d, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6)			
9 Notice to respondents (para 5-5, AR 15-6):			
a. Is the method and date of delivery to the respondent indicated on each letter of notification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was the date of delivery at least five working days prior to the first session of the board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does each letter of notification indicate -			
(1) the date, hour, and place of the first session of the board concerning that respondent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) the matter to be investigated, including specific allegations against the respondent, if any?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) the respondent's rights with regard to counsel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) the name and address of each witness expected to be called by the recorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) the respondent's rights to be present, present evidence, and call witnesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Was the respondent provided a copy of all unclassified documents in the case file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 If any respondent was designated after the proceedings began (or otherwise was absent during part of the proceedings):			
a. Was he properly notified (para 5-5, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was record of proceedings and evidence received in his absence made available for examination by him and his counsel (para 5-4a, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Counsel (para 5-6, AR 15-6):			
a. Was each respondent represented by counsel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name and business address of counsel:			
(If counsel is a lawyer, check here <input type="checkbox"/>)			
b. Was respondent's counsel present at all open sessions of the board relating to that respondent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If military counsel was requested but not made available, is a copy (or, if oral, a summary) of the request and the action taken on it included in the report (para 5-6b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 If the respondent challenged the legal advisor or any voting member for lack of impartiality (para 5-7, AR 15-6):			
a. Was the challenge properly denied and by the appropriate officer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did each member successfully challenged cease to participate in the proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Was the respondent given an opportunity to (para 5-8a, AR 15-6):			
a. Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Examine and object to the introduction of real and documentary evidence, including written statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Object to the testimony of witnesses and cross-examine witnesses other than his own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Call witnesses and otherwise introduce evidence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Testify as a witness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Make or have his counsel make a final statement or argument (para 5-9, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses (para 5-8b, AR 15-6)?			
Are all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an inclosure or exhibit to it (para 5-11, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOOTNOTES: 1/ Explain all negative answers on an attached sheet.
2/ Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

SECTION IV - FINDINGS (para 3-10, AR 15-6)

The (investigating officer) (board) , having carefully considered the evidence, finds;

that 2LT Mark R. Phillips, 812th Engineer Company, and SSG Justin E. Gottke , 811th Engineer Company, submitted falsified travel vouchers. Specifically, both soldiers individually claimed \$850 in lodging costs for their combatives training held in Eastover, South Carolina 5-17 December 2010. When questioned they stated that they stayed in the same room at the Holiday Inn Express, Columbia, South Carolina. Gottke paid \$510 of the room charge and Phillips paid \$340 according to their Government Travel Card (GTC) statements. Additionally SSG Gottke claimed \$36.00 in ATM fees. His actual GTC ATM fee expense was \$11.40 for that period.

Both soldiers submitted altered lodging receipts. Neither submitted an original receipt. Both submitted lodging receipts contain lines and shadows that suggest they were altered via a manual cut and paste. SSG Gottke's submitted receipt shows 2 payments, one for \$510 and one for \$340, both to his GTC-ending in 3532. (The \$510 charge is the net of a \$619.38 charge and a \$109.38 credit to the card.) 2LT Phillips submitted receipt also shows the same charges to his GTC-ending in 5705. The Holiday Inn Express general manager provided the hotel settlement statement and folio receipt for Room #227. That statement confirms a \$510 charge to SSG Gottke's GTC and a \$340 charge to 2LT Phillips GTC. The folio receipt reflects the same, \$510 to Gottke's GTC-ending in 3532 and \$340 to Phillip's GTC-ending in 5705. The combined charges settled the \$850 hotel bill. The soldiers' respective GTC accounts records confirm the separate charges.

Also, 2LT Phillip's receipt reflects his staying in room 229. The general manager of the hotel stated that several guests stayed in room 229 during the 7-17 December time period and none of those guests was 2LT Phillips. 2LT Phillips also altered the folio number and confirmation number on his receipt. The numbers consecutively follow the folio and reservation numbers on SSG Gottke's receipt. The hotel general manager reported that he could not locate 2LT Phillips reservation number in their system. He also reported that their system processes thousands of reservations every minute and it would be impossible for the reservations numbers to be just one digit apart. The hotel general manager states that 2LT Phillip's receipt is not an authentic folio receipt from the Holiday Inn Express.

Also, both soldiers reported that they stayed in chargeable government quarters 5-6 December. The school deemed those quarters unfit on 7 December. The school provided the soldiers a Statement of Non-Availability for quarters and the soldiers then moved to the Holiday Inn Express. The school charged the soldiers \$156 for these chargeable quarters and credited \$91.00 back to them after they moved to the Holiday Inn. The soldiers did not claim this \$65 net expense on their travel vouchers. They said the schoolhouse could not provide a receipt at that time, but could fax them one later. Neither soldier could provide a fax number so neither soldier had a receipt or made a claim for that authorized expense.

SECTION V - RECOMMENDATIONS (para 3-11, AR 15-6)

In view of the above findings, the (investigating officer) (board) recommends:


For the 16th Engineer Brigade: Command disciplinary action against both soldiers for submitting altered documents in an attempt to collect unwarranted reimbursement.

For the USPFPO for Ohio: Settle both vouchers reimbursing the soldiers their respective lodging expenses: \$510 for SSG Gottke and \$340 for 2LT Phillips. Reimburse SSG Gottke and 2LT Phillips \$65 for their chargeable government quarters 5-6 December 2010 using the soldiers' GTC statements as supporting documents. Payment of \$11.40 in ATM fees for SSG Gottke - Collection of \$24.60 from SSG Gottke for excess ATM fees if the full \$36.00 has been paid. If needed, the USPFPO should initiate collection action if any reimbursements in excess of those referenced above have been made to either soldier.

SECTION VI - AUTHENTICATION (para 3-17, AR 15-6)

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

(Recorder)


FENTON B. MOORE, LTC, BN, OHARNG
(Investigating Officer) (President)

(Member)

(Member)

(Member)

(Member)

SECTION VII - MINORITY REPORT (para 3-13, AR 15-6)

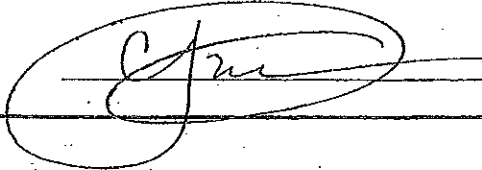
To the extent indicated in Inclosure _____, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

(Member)

(Member)

SECTION VIII - ACTION BY APPOINTING AUTHORITY (para 2-3, AR 15-6)

Findings and recommendations of the (Investigating officer) (board) are (approved) (disapproved) (approved with following exceptions/substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)





IN REPLY
REFER TO,

DEPARTMENT OF DEFENSE
NATIONAL GUARD BUREAU
U.S. PROPERTY AND FISCAL OFFICER FOR OHIO
2811 WEST DUBLIN GRANVILLE ROAD
COLUMBUS, OHIO 43235-2788

EN

NGOH-PFO-ZAO

14 February 2011


MEMORANDUM FOR COL Michael McHenry, Chief of Staff, Ohio Army National Guard,
2825 W. Dublin Granville Road, Columbus, Ohio 43235

SUBJECT: Suspected fraudulent Travel Vouchers submitted from the 16th Engineer Brigade

1. Request that an investigation be initiated due to questionable receipts on vouchers received from the 811th and 812th EN Companies. Copies of the vouchers and supporting documents are enclosed.
2. Additional documents and responses from the hotel are available upon request.
3. These vouchers will not be processed until such investigation(s) are complete and results have been returned to this office.
4. Further questions can be directed to the undersigned at (614) 336-7202 , DSN 346-7202 or john.dernberger@us.army.mil.

FOR THE UNITED STATES PROPERTY AND FISCAL OFFICER:

2 Encls
1 1351-2 Phillips, Mark 1LT
2 1351-2 Gottke, Justin SSG


JOHN P. DERNBERGER
LTC, LG
Deputy USPFPO

CF:
NGOH-PFO-Z
NGOH-PFO-C
NGOH-PFO-TRV

Exhibit I
Gottke Voucher

Exhibit II
Phillips Voucher

Exhibit III
Gottke GTC Statement

Exhibit IV
Phillips GTC Statement

Exhibit V
Hotel documents

Exhibit VI
Phillips Waiver

Exhibit VII
Gottke Statement

Exhibit VIII
Phillips Waiver

Exhibit IX
Phillips Statement

Exhibit X
Carmody Statement

Exhibit XI
Statement in Lieu

TRAVEL VOUCHER OR S VOUCHER

Road Privacy Act Statement, Privacy 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
 Electronic Fund Transfer (EFT)
 Payment by Check
SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.
 Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: **\$ 1041.31**

2. NAME (Last, First, Middle Initial) (Print or type) **3. GRADE** **4. SSN** **5. TYPE OF PAYMENT (X as applicable)**
 Gattke Justin E E-G 283-78-9661
6. ADDRESS: a. NUMBER AND STREET **b. CITY** **c. STATE** **d. ZIP CODE**
 2434 Northbranch W Grove City OH 43123
e. E-MAIL ADDRESS Justin.Gattke@us.army.mil

7. DAYTIME TELEPHONE NUMBER & AREA CODE **8. TRAVEL ORDER/AUTHORIZATION NUMBER** **9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES** **10. FOR D.O. USE ONLY**
 614 260 7083 334 004 / 350-060
 11. ORGANIZATION AND STATION **12. DEPENDENT(S) (X and complete as applicable)** **13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)**
 811th En Co Amanda OH D-00
 ACCOMPANIED UNACCOMPANIED
a. NAME (Last, First, Middle Initial) **b. RELATIONSHIP** **c. DATE OF BIRTH OR MARRIAGE**
 N/A

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 County, etc.)** **c. MEANS/MODE OF TRAVEL** **d. REASON FOR STOP** **e. LODGING COST** **f. POC MILES**
 2010
 5 DEC DEP HOR PA
 5 DEC ARR Eastover SC 29044-9732 TD 910.00 535
 17 DEC DEP Eastover SC 29044-9732 PA MC 535
 17 DEC ARR HOR
 ARR
 DEP
 ARR
 DEP
 ARR
 DEP
 ARR
 DEP
 ARR

03 JAN '11 RCVD
 d. COMPUTATIONS
 Franklin
 Estimate: \$631.52
 CCT 518
 5210 POV
 Valeria, Taylor

16. POC TRAVEL (X one) OWNOPERATE PASSENGER
17. DURATION OF TRAVEL
 12 HOURS OR LESS
 MORE THAN 12 HOURS BUT 24 HOURS OR LESS
 MORE THAN 24 HOURS
18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
17 Dec	ATM FEES	36.00	
17 Dec	Incidentals	60.00	800
17 Dec	Lodging	910.00	800

19. GOVERNMENT/DEDUCTIBLE MEALS

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

20. CLAIMANT SIGNATURE
c. REVIEWER'S PRINTED NAME **d. REVIEWER SIGNATURE** **e. TELEPHONE NUMBER** **f. DATE**
 DeGough Lee SSG [Signature] X6958 2010222
21. APPROVING OFFICIAL'S PRINTED NAME **b. SIGNATURE** **c. TELEPHONE NUMBER** **d. DATE**

22. ACCOUNTING CLASSIFICATION
23. COLLECTION DATA
24. COMPUTED BY **25. AUDITED BY** **26. TRAVEL ORDER AUTHORIZATION POSTED BY** **27. RECEIVED (Payee Signature and Date or Check No.)** **28. AMOUNT PAID**

Bar 2 1-6

STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
2825 West Dublin Granville Road
Columbus, Ohio 43235-2789

ORDERS 350-060

16 December 2010

Following order is amended as indicated.

So much of: Orders 334004 this Hq dtd 30 November 2010

Pertaining to:

TRVL for GOTIKE JUSTIN E 283-78-9661 SSG 811TH ENGR CO (SAPPER)
(X37AA-644) 11495 LANCE-CHILL RD AMANDA OH 43102

As reads: Government quarters are available.

Government meals are available.

How changed: ~~Government quarters are~~ not available.

Government meals are not available.

Auth:

PM/TDC: AL0 211 Refresher and Proficiency Training

Format: 700

FOR THE ADJUTANT GENERAL:

////////////////////////////////////
// HQ, OHARNG //
// OFFICIAL //
////////////////////////////////////
JOHN C HARRIS JR
COL, GS, OHARNG
Chief of Staff

DISTRIBUTION:
INDIV, UNIT, BN/SQDN,
GP, MSC, SPECIAL,
AGOH-OT-TR-SC

Form 2 7 2009

STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
2825 West Dublin Granville Road
Columbus, Ohio 43235-2789

ORDERS 334-004

30 November 2010

GOTTKE JUSTIN E 283-78-9661 SSG 811TH ENGR CO (SAPPER)
(X37AA-644) 11495 LANCE-CHILL RD AMANDA OH 43102

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

Temporary duty at : EASTOVER, SC 29044-9732

Purpose: COMBATIVES LEVEL 2

Type duty code: 211 Refresher and Proficiency Training

Number of days: 13 Day(s) (05 December 2010 - 17 December 2010)

Will proceed date : REPORT NL/T 1600 ON 5 DEC 2010

HOR: 2434 NORTHBRANCH RD GROVE CITY OH43123

Additional instructions:

- (a) Traveler is a Government Travel Card holder and must use their Individually Billed Account to purchase transportation tickets.
- (b) If Claim for travel reimbursement will not be submitted, complete statement below:
Signature of traveler or unit representative _____
Mail to AGOH-PF-COF for deobligation of travel funds. However, if the soldier will not perform the duty, a request for revocation must be submitted to the issuing authority.
- (c) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of Army National Guard Programs and Missions.
- (d) Submit a DD Form 1351-2 (Travel reimbursement claim form) to your reviewer within 5 days after completion of duty. Failure to file a claim after a six month period will result in the deobligation (withdrawal) of funds.
- (e) Attendance at this school requires that you possess a Gov't Travel Card or adequate personal funds to pay for lodging, meals, and incidental expenses. You are responsible for contacting your unit to apply for a Gov't Travel Card. NGB GTC SOP states that eligible individuals who do not apply for the travel charge card will not be authorized a cash advance. ATM (Cash) withdrawals will be limited to \$100 per TDY period.
- (f) POV is limited to the constructive cost of air transportation. Contact Carlson Wagonlit, Commercial Ticketing Office (CTO), at 1-800-296-2959 for the cost of airfare/or to schedule your itinerary. Provide your Government Travel Card (GTC) information if issued GTC or fax your orders to CTO at 1-931-431-9922. Contact the USPFPO Transportation Office at (614) 336-7241 or 1-800-589-7579 with issues.
- (g) Movement of household goods or dependents at government expense is not authorized. Excess baggage is authorized as follows: E1-E7, 400 pounds; E8, 500 pounds; E9, W01-CW2 and 01-02, 600 pounds; CW3-CW4 and 03-04, 800 pounds; CW5 and 05-08, 1,000 pounds. Shipment of excess baggage (poundage) must be requested at the time of reservation.



SOUTH CAROLINA ARMY NATIONAL GUARD
PREMOBILIZATION TRAINING ASSISTANCE ELEMENT
5411 LEESBURG ROAD
EASTOVER, SOUTH CAROLINA 29044-9732

SCARNG-PTAE

14 JULY 2010

MEMORANDUM FOR Level I and Level II Combatives Students

SUBJECT: Statement of Non-availability for meals and lodging

1. References:

- a. FM 3-25.150, Combatives
- b. Combatives Level One Trainers Course Program of Instruction (POI), Course number 9E-F10/950-F6, April 2005.

2. Purpose:

- a. To provide Combatives students and sponsoring commands information about McCrady Training Center, and meals / lodging non availability.

3. General:

- a. The SC PTAE and the 218th REGT host a Level I and Level 2 Combatives Trainer Course here at McCrady Training Center.
- b. Meals are not available, nor is housing/lodging on site.

4. Point of contact for this memo is MAJ Tyson Andrew Johnson at (803) 360 0756 or email at andrew.johnson10@us.army.mil

Tyson A. Johnson
MAJ, EN
XO/S-3, SC PTAE

RELEASE 6.14.0

Travel Voucher Summary

Block: 0103004

Name: JUSTIN E GOTTKER
2434 NORTHBRANCH RD
GROVE CITY, OH 43123

DO Voucher No.

Paid By

KENNETH L. KIELMAN
DFAS-IN/IPC
8899 E. 56TH ST.

Start Date: 12/05/10 End Date: 12/17/10

Paid

SSN: XXXXX9661 T/O : 334004
Travel Type: TDY Grade/Rank: E6

INDIANAPOLIS, IN 46249-8650
STAMP5

Advances/Prior Payments: 0.00
Full Voucher

Prepared: 1/3/2011

Memb/Emp TDY Per Diem	131.50
Memb/Emp Reimbursables	965.00
<hr/>	
Total Entitlement	1096.50
Less Partial Payments	0.00
<hr/>	
Total Charged to Acct. Class ...	1096.50
<hr/>	
Less Travel Advances	0.00
<hr/>	
Total Amount Payable	1096.50
<hr/>	
Split Payment	1041.31
Due Employee	55.19

*PAY
ATM
FEE*

Miles	Rate	Amount
1080	50.00 c/ml=	540.00

Remarks

LODGING PAID SHARED ROOM WITH MARK PHILLIPS AND THE BILL SPLIT BETWEEN THEM PER CONVERSATION WITH VALERIA TAYLOR AT THE HOLIDAY EXPRESS INN IN COLUMBIA, SC REIMBURSE HALF THE LODGING 425.00. NEED BANK RECEIPT TO PAY ATM FEES

Accounting Summary IBOP Code: US

YA1J38 211206000001810331F3120000 21T238YA1J GOT96613340040033109 1096.50Db

Who had claim: MTO, CRP
Examiner: CRP Auditor:

Method of Pay: EFT for 1096.50

RELEASE 6.14.0
N: XXXXX9661

Travel Voucher Summary

Block: 0103004
TONO: 334004

Local Date	Day Type	Ldg Rate	M&IE Rate	Br	Ln	Dn	Lodg	Break	Lunch	Dinner	Incid	Amount	Ldg Tax
12/05	LDP	85.00	51.00	CM	CM	CM	0.00	reimbursed		mie =	38.25	38.25	0.00
12/06	LDP	85.00	51.00	DE	DE	DE	0.00	0.00	0.00	0.00	5.00	5.00	0.00
12/07	LDP	85.00	51.00	DE	DE	DE	0.00	0.00	0.00	0.00	5.00	5.00	0.00
12/08	LDP	85.00	51.00	DE	DE	DE	0.00	0.00	0.00	0.00	5.00	5.00	0.00
12/09	LDP	85.00	51.00	DE	DE	DE	0.00	0.00	0.00	0.00	5.00	5.00	0.00
12/10	LDP	85.00	51.00	DE	DE	DE	0.00	0.00	0.00	0.00	5.00	5.00	0.00
12/11	LDP	85.00	51.00	DE	DE	DE	0.00	0.00	0.00	0.00	5.00	5.00	0.00
12/12	LDP	85.00	51.00	DE	DE	DE	0.00	0.00	0.00	0.00	5.00	5.00	0.00
12/13	LDP	85.00	51.00	DE	DE	DE	0.00	0.00	0.00	0.00	5.00	5.00	0.00
12/14	LDP	85.00	51.00	DE	DE	DE	0.00	0.00	0.00	0.00	5.00	5.00	0.00
12/15	LDP	85.00	51.00	DE	DE	DE	0.00	0.00	0.00	0.00	5.00	5.00	0.00
12/16	LDP	85.00	51.00	DE	DE	DE	0.00	0.00	0.00	0.00	5.00	5.00	0.00
12/17	LDP	85.00	51.00	CM	CM	CM	0.00	reimbursed		mie =	38.25	38.25	0.00
							0.00					131.50	0.00

Approved Reimbursable Expenses

Date	Description	Amount
12/05/10	AUTO OTHER	540.00
12/05/10	LODGING	425.00

Exec 2 9



104 12-17-10

Justin gottke 2434 northbranch rd Grove City, OH 43123 US	Folio No. :	59137	Room No. :	227
	A/R Number :		Arrival :	12-07-10
	Group Code :		Departure :	12-17-10
	Company :		Conf. No. :	60885522
	Membership No. :		Rate Code :	IMGOV
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
12-07-10	*Accommodation	93.00	
12-07-10	State Tax - Room	5.58	
12-07-10	City Tax - Room	2.79	
12-07-10	Bed/Occupancy Room Tax	1.86	
12-08-10	Visa XXXXXXXXXXXX3532		619.3
12-08-10	Visa XXXXXXXXXX3532 kempt		-109.3
12-08-10	*Accommodation - Adj	-8.00	
12-08-10	State Tax - Room - Adj	-5.58	
12-08-10	City Tax - Room - Adj	-2.79	
12-08-10	Bed/Occupancy Room Tax - Ac	-1.86	
12-08-10	*Accommodation	85.00	
12-09-10	*Accommodation	85.00	
12-10-10	*Accommodation	85.00	
12-11-10	*Accommodation	85.00	
12-12-10	*Accommodation	85.00	
Total		510.00	510.00
Balance		0.00	

510

Guest Signature: _____

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express & Suites Columbia
 1011 Clemson Frontage Rd.
 Columbia, SC 29229
 Telephone: (803)419-3558 Fax: (803)865-5837

P. ... Z. ...



104

12-17-1

Justin gottke 2434 northbranch rd Grove City, OH 43123 US	Folio No.	: 59137	Room No.	: 227
	A/R Number	:	Arrival	: 12-07-1
	Group Code	:	Departure	: 12-17-1
	Company	:	Conf. No.	: 608855
	Membership No.	:	Rate Code	: IMG0V
	Invoice No.	:	Page No.	: 1 of 1

Date	Description	Charges	Credit
12-13-10	*Accommodation	85.00	
12-14-10	*Accommodation	85.00	
12-15-10	*Accommodation	85.00	
12-16-10	*Accommodation	85.00	
12-16-10	Visa XXXXXXXXXXXX3532		34
Total		340.00	34
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express & Suites Columbia
 1011 Clemson Frontage Rd.
 Columbia, SC 29229
 Telephone: (803)419-3558 Fax: (803)865-5837

Page 2 of 2

Amended

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalties, 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 <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.																																																																																															
Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____																																																																																																	
2. NAME (Last, First, Middle Initial) (Print or type) PHILLIPS, MARK R			3. GRADE 01	4. SSN 268-86-1902		5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA																																																																																											
6. ADDRESS. a. NUMBER AND STREET 11335 Claridon-Troy RD			b. CITY Chardon		c. STATE OH	d. ZIP CODE 44024																																																																																											
e. E-MAIL ADDRESS mark.phillips19@us.army.mil																																																																																																	
7. DAYTIME TELEPHONE NUMBER & AREA CODE 440-221-4194		8. TRAVEL ORDER/AUTHORIZATION NUMBER 309-086,330-003,344-001		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY 24 JAN '11 RCUD																																																																																											
11. ORGANIZATION AND STATION 812th Bn Co (Sapper) Wooster, OH 44691				12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE																																																																																													
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Explain in Remarks)																																																																																													
16. ITINERARY <table border="1"> <thead> <tr> <th>a. DATE 2010</th> <th>b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)</th> <th>c. MEANS/MODE OF TRAVEL</th> <th>d. REASON FOR STOP</th> <th>e. LODGING COST</th> <th>f. POC MILES</th> </tr> </thead> <tbody> <tr> <td>05Dec</td> <td>DEP HOR</td> <td>PA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>05Dec</td> <td>ARR Eastover, SC 29044-9732</td> <td></td> <td>TD</td> <td></td> <td></td> </tr> <tr> <td>17Dec</td> <td>DEP Eastover, SC 29044-9732</td> <td>PA</td> <td></td> <td>850.00</td> <td></td> </tr> <tr> <td>17Dec</td> <td>ARR HOR</td> <td></td> <td>ML</td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				a. DATE 2010	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	05Dec	DEP HOR	PA				05Dec	ARR Eastover, SC 29044-9732		TD			17Dec	DEP Eastover, SC 29044-9732	PA		850.00		17Dec	ARR HOR		ML				DEP						ARR						DEP						ARR						DEP						ARR						DEP						ARR						DEP						ARR					17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS			
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c. REVIEWER'S PRINTED NAME Andrew S. Carmony		d. REVIEWER SIGNATURE 		e. TELEPHONE NUMBER 614-336-6747		f. DATE 08JAN11																																																																																											
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28. AMOUNT PAID																																																																																																	

STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
2825 West Dublin Granville Road
Columbus, Ohio 43235-2789

ORDERS 309-086

05 November 2010

PHILLIPS MARK R 268-86-1902 2LT 812TH ENG CO
(Y6X90-646) 1400 W OLD LINCOLN W WOOSTER, OH 44691

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

Period (TDY) : 05 December 2010 - 17 December 2010

Report to: EASTOVER, SC 29044-9732

Reporting time/date: NLT 1600 ON 5 DEC 2010

Purpose: COMBATIVES LEVEL 2

Additional instructions:

(a) Traveler is a Government Travel Card holder and must use their Individually Billed Account to purchase transportation tickets.

(b) If Claim for travel reimbursement will not be submitted, complete statement below:

Signature of traveler or unit representative _____

Mail to AGOH-PF-COF for deobligation of travel funds. However, if the soldier will not perform the duty, a request for revocation must be submitted to the issuing authority.

(c) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of Army National Guard Programs and Missions.

(d) Submit a DD Form 1351-2 (Travel reimbursement claim form) to your reviewer within 5 days after completion of duty. Failure to file a claim after a six month period will result in the deobligation (withdrawal) of funds.

(e) The unit will submit/certify the payroll to AGOH-PF-COP-M.

Soldier (will perform) (has performed) duty for the following dates _____, and is entitled to payment. Print Name and Rank

of certifying official: _____

Signature and Date: _____

(f) Attendance at this school requires that you possess a Gov't Travel Card or adequate personal funds to pay for lodging, meals, and incidental expenses. You are responsible for contacting your unit to apply for a Gov't Travel Card. NGB GTC SOP states that eligible individuals who do not apply for the travel charge card will not be authorized a cash advance. ATM (Cash) withdrawals will be limited to \$100 per TDY period.

(g) POV is limited to the constructive cost of air transportation. Contact Carlson Wagonlit, Commercial Ticketing Office (CTO), at 1-800-296-2959 for the cost of airfare/or to schedule your itinerary. Provide your Government Travel Card (GTC) information if issued GTC or fax your orders to CTO at 1-931-431-9922. Contact the USPFO Transportation Office at (614) 336-7241 or 1-800-589-7579 with issues.

ENCL 1 2 of 7

STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
2825 West Dublin Granville Road
Columbus, Ohio 43235-2789

ORDERS 330-003

26 November 2010

Following order is amended as indicated.

So much of: Orders 309086 this Hq dtd 05 November 2010

Pertaining to:

ADT for PHILLIPS MARK R 268-86-1902 2LT 812TH ENG CO
(Y6X90-646) 1400 W OLD LINCOLN W WOOSTER, OH 44691

As reads: (k) Rations are furnished at no cost to the soldier

How changed: (k) Rations are not available

Sub-Compact rental car authorized for this period of duty.

Auth: Title 32 USC 505 and NGB-ARO-E

AFC DJMS_RC: E1F211 PM/TDC: ALQ 211 Refresher and Proficiency Training
Format: 700

FOR THE ADJUTANT GENERAL:

DISTRIBUTION:
INDIV, UNIT, BN/SQDN,
GP, MSC, SPECIAL,
AGOH-OT-TR-SC

////////////////////////////////////
// HQ, OHARNG //
// OFFICIAL //
////////////////////////////////////
JOHN C HARRIS JR
COL, GS, OHARNG
Chief of Staff

STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
2825 West Dublin Granville Road
Columbus, Ohio 43235-2789

ORDERS 344-001

10 December 2010

Following order is amended as indicated.

So much of: Orders 309086 this Hq dtd 05 November 2010

Pertaining to:

ADT for PHILLIPS MARK R 268-86-1902 2LT 812TH ENG CO
(Y6X90-646) 1400 W OLD LINCOLN W WOOSTER, OH 44691

As reads: Chargeable government quarters are available

Rations are furnished at no cost to the soldier

How changed: Government quarters are not available

Government meals are not available

Auth: Title 32 USC 505 and ~~NGE-ARO-E~~

APC DJMS_RC: E1F211 PM/TDC: ALO 211 Refresher and Proficiency Training

Format: 700

FOR THE ADJUTANT GENERAL:

////////////////////////////////////
// HQ, OHARNG //
// OFFICIAL //
////////////////////////////////////

JOHN C HARRIS JR
COL, GS, OHARNG
Chief of Staff

DISTRIBUTION:
INDIV, UNIT, BN/SQDN,
GP, MSC, SPECIAL,
AGOH-OT-TR-SC

Encl 5 of 7

41314

(617) 222 1222
SPC Parker



105 12-17-10

mark phillips	Folio No. :	59138	Room No. :	229
	A/R Number :		Arrival :	12-07-10
	Group Code :		Departure :	12-17-10
	Company :		Conf. No. :	60885523
	Membership No. :		Rate Code :	IMGOV
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
12-07-10	*Accommodation	93.00	
12-07-10	State Tax - Room	5.58	
12-07-10	City Tax - Room	2.79	
12-07-10	Bed/Occupancy Room Tax	1.86	
12-08-10	Visa		619.38
12-08-10	Visa XXXXXXXXXXXX5705 XXXXXXXXXXXX5705 empt		-109.38
12-08-10	*Accommodation - Adj	-8.00	
12-08-10	State Tax - Room - Adj	-5.58	
12-08-10	City Tax - Room - Adj	-2.79	
12-08-10	Bed/Occupancy Room Tax - Ac	-1.86	
12-08-10	*Accommodation	85.00	
12-09-10	*Accommodation	85.00	
12-10-10	*Accommodation	85.00	
12-11-10	*Accommodation	85.00	
12-12-10	*Accommodation	85.00	
Total		510.00	510.00
Balance		0.00	

Guest Signature:

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express & Suites Columbia
1011 Clemson Frontage Rd.
Columbia, SC 29229
Telephone: (803)419-3558 Fax: (803)865-5837

Encl 1 leaf



105

12-17-10

mark phillips	Folio No. :	59138	Room No. :	229
	A/R Number :		Arrival :	12-07-10
	Group Code :		Departure :	12-17-10
	Company :		Conf. No. :	60885623
	Membership No. :		Rate Code :	IMGOV
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
12-13-10	*Accommodation	85.00	
12-14-10	*Accommodation	85.00	
12-15-10	*Accommodation	85.00	
12-16-10	*Accommodation	85.00	
12-16-10	Visa XXXXXXXXXXXXX6705		340.00
Total		340.00	340.00
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part of the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express & Suites Columbia
 1011 Clemson Frontage Rd.
 Columbia, SC 29229
 Telephone: (803)419-3558 Fax: (803)865-5837

Encl 1 of 7

Cardholder Statement

Cardholder: JUSTIN E GOTTKE
 Product Type: TRAVEL - Individually Billed
 Default MAC: Account Number: xxxxxx0013423532
 Statement Period: 11/12/2010 - 12/10/2010
 Statement Status: New

Previous Balance	\$ 0.00	Total Payments	\$ 0.00	Total Amount Due	\$ 998.54
Purchases	\$ 799.37	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 308.55	Other Credits	\$ 109.38	Statement Total	\$ 998.54
				Tax Total	\$ 0.00

post date	tran date	last alloc date time	merchant	amount	status	type
12/08/2010	12/05/2010		CASH ADVANCE FEE	\$ 6.05		
12/06/2010	12/05/2010		COLUMBIA TWO SC	\$ 302.50		
12/08/2010	12/06/2010		TAG-DSO-BF-BIL..	\$ 158.00		
12/08/2010	12/06/2010		THE OLIVE GARD	\$ 23.99		
12/09/2010	12/09/2010		HOLIDAY INN EXPRESS	\$ 619.38		
12/09/2010	12/09/2010		HOLIDAY INN EXPRESS	\$ -109.38		




-End of Statement-

Cash Advances
\$8.55

Cardholder Statement

Cardholder JUSTINE GOTTKE **Account Number** xxxxxx0013423532
Product Type TRAVEL - Individually Billed **Statement Period** 12/11/2010 - 01/11/2011 **Statement Status** New
Default MAC

Previous Balance	\$ 998.54	Total Payments	\$ 0.00	Total Amount Due	\$ 1,041.31
Purchases	\$ 90.42	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 43.35	Other Credits	\$ 91.00	Statement Total	\$ 42.77
				Tax Total	\$ 2.54

post date	tran date	last alloc date time	merchant	amount	status	type
12/13/2010	12/10/2010		TAG-DSO-BF-BIL..	\$ -91.00		
12/14/2010	12/14/2010		CIRCLE K	\$ 42.50		
12/14/2010	12/14/2010		CASH ADVANCE FEE	\$ 0.85		
12/17/2010	12/15/2010		SAN JOSE	\$ 23.00		
12/20/2010	12/15/2010		CIRCLE K 05144 Q	\$ 32.85		
12/20/2010	12/16/2010		WENDYS	\$ 15.10		
12/20/2010	12/17/2010		WENDY'S #4 Q	\$ 10.55		
12/20/2010	12/17/2010		LITTLE GENERAL	\$ 8.92		

-End of Statement-

Cash Advance
\$ 3.85

Total
\$ 11.40

Cardholder Statement

Cardholder	JUSTIN E GOTTKE	Account Number	xxxxxx0013423532	Statement Status	New
Product Type	TRAVEL - Individually Billed	Statement Period	01/12/2011 - 02/11/2011		
Default MAC					












Previous Balance	\$ 1,041.31	Total Payments	\$ 1,041.31	Total Amount Due	\$ 0.00
Purchases	\$ 0.00	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 0.00	Statement Total	\$ -1,041.31
				Tax Total	\$ 0.00

post date	tran date	last alloc date time	merchant	amount	status	type
01/14/2011	01/14/2011		SPLIT DISBURSEMENT PAYMEN	\$ -1,041.31		
--End of Statement--						

Cardholder Statement

Cardholder MARK RYAN PHILLIPS **Account Number** xxxxxx0014215705
Product Type TRAVEL - Individually Billed **Statement Period** 07/10/2010 - 08/11/2010 **Statement Status** New
Default MAC

Previous Balance	\$ 0.00	Total Payments	\$ 0.00	Total Amount Due	\$ 1,660.11
Purchases	\$ 1,660.11	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 0.00	Statement Total	\$ 1,660.11
				Tax Total	\$ 0.79

post date	tran date	last alloc date time	merchant	amount	status	type
07/12/2010	07/09/2010		AMERICAN AI	\$ 478.80		
07/12/2010	07/09/2010		CWTSATOTRAV	\$ 13.75		
07/13/2010	07/11/2010		RB G03 CINNABO	\$ 6.08		
07/13/2010	07/11/2010		HOOTERS OF OKLAHOMA CITY	\$ 15.00		
07/14/2010	07/11/2010		DEPARTMENT OF MILITARY	\$ 140.00		
07/12/2010	07/11/2010		TOBY KEITH'S	\$ 16.90		
07/14/2010	07/13/2010		EARLS RIB PALACE	\$ 17.00		
07/16/2010	07/14/2010		CATTLEMANS STEAKHOUSE OK	\$ 51.00		
07/16/2010	07/14/2010		CITY 3 MART	\$ 2.90		
07/16/2010	07/14/2010		SUBWAY	\$ 9.75		
07/19/2010	07/15/2010		SUBWAY	\$ 9.97		
07/19/2010	07/16/2010		CITY 3 MART	\$ 64.97		
07/19/2010	07/16/2010		KONA RANCH	\$ 54.01		
07/19/2010	07/18/2010		WENDY'S #5587 Q	\$ 8.21		
07/20/2010	07/18/2010		PORT COLUMBUS PARKING	\$ 48.00		
07/20/2010	07/18/2010		7 ELEVEN 40	\$ 13.01		
07/19/2010	07/18/2010		BUDGET RENT-A-CAR	\$ 710.76		

--End of Statement--

Cardholder Statement

Cardholder	MARK RYAN PHILLIPS	Account Number	xxxxxx0014216705	Statement Status	New
Product Type	TRAVEL - Individually Billed	Statement Period	08/12/2010 - 09/10/2010		
Default MAC					

Previous Balance	\$ 1,660.11	Total Payments	\$ 2,378.29	Total Amount Due	\$ 0.00
Purchases	\$ 0.00	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 718.18	Other Credits	\$ 0.00	Statement Total	\$ -1,660.11
				Tax Total	\$ 0.00


post date	tran date	last alloc date	time	merchant	amount	status	type
08/19/2010	08/19/2010			SPLIT DISBURSEMENT PAYMEN	\$ -2,378.29		\$
08/23/2010	08/23/2010			CREDIT BALANCE REFUND#DR	\$ 718.18		
-End of Statement-							

Cardholder Statement

Cardholder MARK RYAN PHILLIPS **Account Number** xxxxxx0014215705
Product Type TRAVEL - Individually Billed **Statement Period** 11/12/2010 - 12/10/2010 **Statement Status** New
Default MAC

Previous Balance	\$ 0.00	Total Payments	\$ 0.00	Total Amount Due	\$ 397.78
Purchases	\$ 397.78	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 0.00	Statement Total	\$ 397.78
				Tax Total	\$ 3.44

post date	tran date	last alloc date time	merchant	amount	status	type
12/06/2010	12/05/2010		LITTLE GENERAL	\$ 5.81		
12/06/2010	12/05/2010		SPEEDWAY 09751 COL	\$ 37.34		
12/07/2010	12/05/2010		WM SUPERCENTER	\$ 55.25		
12/07/2010	12/05/2010		CHILI'S GRI	\$ 20.00		
12/08/2010	12/06/2010		TAG-DSO-BF-BIL..	\$ 156.00		
12/08/2010	12/06/2010		THE OLIVE GARD	\$ 23.01		
12/09/2010	12/07/2010		HESS	\$ 34.00		
12/08/2010	12/07/2010		WM SUPERCENTER	\$ 22.37		
12/09/2010	12/08/2010		BUFFALO WILD WINGS	\$ 14.00		
12/10/2010	12/08/2010		CARRABBAS	\$ 30.00		

Net
\$65


--End of Statement--

Cardholder Statement

Cardholder: MARK RYAN PHILLIPS Account Number: xxxxxx0014215705
 Product Type: TRAVEL - Individually Billed Statement Period: 12/11/2010 - 01/11/2011 Statement Status: New
 Default MAC

Previous Balance	\$ 397.78	Total Payments	\$ 0.00	Total Amount Due	\$ 1,081.03
Purchases	\$ 774.25	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 91.00	Statement Total	\$ 683.25
				Tax Total	\$ 6.52

post date	tran date	last alloc date time	merchant	amount	status	type
12/13/2010	12/08/2010		CIRCLE K 05144 Q	\$ 4.16		
12/13/2010	12/09/2010		TRAVINIA ITALIAN KITCH	\$ 66.00		YK
12/13/2010	12/10/2010		TAG-D50-BF-BIL..	\$ -91.00		
12/13/2010	12/10/2010		EXXONMOBIL	\$ 24.00		
12/13/2010	12/10/2010		EXXONMOBIL	\$ 2.91		
12/18/2010	12/10/2010		TEXAS STEAKHOUSE	\$ 35.07		
12/13/2010	12/11/2010		JERSEY MIKES SUBS	\$ 18.32		
12/13/2010	12/11/2010		MARIOS PIZZA & RESTAURANT	\$ 65.54		
12/13/2010	12/12/2010		GROCERY DOOR IV	\$ 3.76		
12/13/2010	12/12/2010		GROCERY DOOR IV	\$ 28.51		
12/15/2010	12/13/2010		WENDYS	\$ 13.97		
12/18/2010	12/14/2010		MINT JULEP LLC	\$ 16.34		
12/17/2010	12/15/2010		SAN JOSE	\$ 27.00		
12/20/2010	12/17/2010		LITTLE GENERAL	\$ 39.00		
12/20/2010	12/17/2010		WENDY'S #4 Q	\$ 8.72		
12/20/2010	12/17/2010		PILOT	\$ 73.00		
12/20/2010	12/17/2010		LITTLE GENERAL	\$ 7.96		
12/17/2010	12/17/2010		HOLIDAY INN EXPRESS	\$ 340.00		

-End of Statement-

No cash advances

Cardholder Statement

Cardholder	MARK RYAN PHILLIPS	Account Number	xxxxxx0014215705	Statement Status	New
Product Type	TRAVEL - Individually Billed	Statement Period	01/12/2011 - 02/11/2011		
Default MAC					

Previous Balance	\$ 1,081.03	Total Payments	\$ 350.00	Total Amount Due	\$ 731.03
Purchases	\$ 0.00	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 0.00	Statement Total	\$ -350.00
				Tax Total	\$ 0.00

post date	tran date	last alloc date time	merchant	amount	status	type
02/08/2011	02/07/2011		PAYMENT - THANK YOU	\$ -350.00		
			--End of Statement--			

Holiday Inn Express & Suites
1011 Clemson Frontage Road
Columbia, SC 29229
t: 803.419.3558
f: 803.865.8837
1.800.HOLIDAY
holidayinnexpress.com/cmbia@clemson



After reviewing the folio for Mark Phillips, it is clear that this is not an authentic document that he received from our hotel.

We first pulled the audit pack from the day that is listed as the checkout date. The audit pack contains a copy of every guest folio and we would have a copy of this document in that pack. There was no such copy. We did however find a folio for Justin Gottke who stayed the same date range. Attached is a copy of that folio and accompanying documentation.

Attached to Justin Gottke's folio are his orders along with orders for Mark Phillips. This indicates that both Justin Gottke and Mark Phillips stayed in the same room.

Our system confirms that Justin Gottke stayed in room 227 for the date range of 12-07-10 to 12-17-10 with a credit card ending in 5705. Our records show that Mark Phillips had no separate reservation for that date range. Credit card history shows that this card number is only used for the charges to Justin Gottke's room. Attached is the credit card history for that card. We also show that several people stayed in room 229 (which is listed as Mark Phillips' room number on the alleged documentation) that were definitively not Mark Phillips.

The reservation number for Justin Gottke is 60885522 and we are able to pull this up in our system. The reservation number listed for Mark Phillips is 60885523 and this is not in our system. Furthermore, literally thousands of reservations go through our reservation system every minute, and it is impossible that these individuals would have reservation numbers only one number apart.

I can firmly say that the folio given to us for Mark Phillips is absolutely not an authentic document from our hotel.

Michael Tandon
General Manager

Holiday Inn Express & Suites Columbia

Credit Card History

02-03-11

12:46

Room Name
No.

Z27 Gottke, Justin

Att. Date	Dep. Date	CC Type	Credit Card No.	Expir y	Swiped Dat	Room Revenue	F&B Revenue	Other Revenue	Non Revenue	Total Charged	Approval Cod	Approval Amt.	Total Approved
12-07-10	12-17-10	VS	XXXXXXXXXXXXXXXXXXXX5705	XX	XX	N	850.00	0.00	0.00	340.00	086646	525.00	525.00

Approval Cod: 086646
 Approval Amt.: 340.00
 Total Approved: 525.00

creditcard_history

Hotel Gave 1

Single Receipt

Not the 2 separate
I signed and Gotthe signed



113

03-24-11

Justin gottke 2434 northbranch rd Grove City OH 43123 US	Folio No. : 59137 A/R Number : Group Code : Company : Membership No. : Invoice No. :	Room No. : 227 Arrival : 12-07-10 Departure : 12-17-10 Conf. No. : 60885522 Rate Code : IMG0V Page No. : 1 of 2
---	---	--

Date	Description	Charges	Credits
12-07-10	*Accommodation	93.00	
12-07-10	State Tax - Room	5.58	
12-07-10	City Tax - Room	2.79	
12-07-10	Bed/Occupancy Room Tax	1.86	
12-08-10	Visa XXXXXXXXXXXXXXX3532		619.38
12-08-10	Visa XXXXXXXXXXXX8599 exempt		-109.38
12-08-10	*Accommodation - Adj	-8.00	
12-08-10	State Tax - Room - Adj	-5.58	
12-08-10	City Tax - Room - Adj	-2.79	
12-08-10	Bed/Occupancy Room Tax - Ac	-1.86	
12-08-10	*Accommodation	85.00	
12-09-10	*Accommodation	85.00	
12-10-10	*Accommodation	85.00	
12-11-10	*Accommodation	85.00	
12-12-10	*Accommodation	85.00	
12-13-10	*Accommodation	85.00	
12-14-10	*Accommodation	85.00	
12-15-10	*Accommodation	85.00	
12-16-10	*Accommodation	85.00	
12-16-10	Visa XXXXXXXXXXXXXXX5706		340.00

Original
Folio receipt
from hotel
JM



113

03-24-11

Justin gottke 2434 northbranch rd Grove City OH 43123 US	Folio No. : 59137 AVR Number : Group Code : Company : Membership No. : Invoice No. :	Room No. : 227 Arrival : 12-07-10 Departure : 12-17-10 Conf. No. : 60885522 Rate Code : IMG0V Page No. : 2 of 2
---	---	--

Date	Description	Charges	Credits
Total		850.00	850.00
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



12/7/10 12/10/10
12/8 12/11/10
12-8 12/12/10
12-9 12/13/10
12-15
12-16

MW 12/14
12-15
12-16

086646
Mask & pillow
00128
Subst...
part...

GUEST INFORMATION

Justin Gottke
2434 Northbranch rd
Grove City, OH 43123
US
Email Address :

Opt Out:
I do not wish to receive communications

MEMBERSHIP INFORMATION

Priority Club Enrollment: Yes No
Smoking Preference: _____ Bed Type: _____
Preferred Language: _____

RESERVATION INFORMATION

Confirmation No. 6088522 Room Type: Two Queen Non Smoking Room #: 227 85.00
Arrival Date: 12-07-10 Rate Code: IMGOV Arrival Rate: 98.00 USD
Departure Date: 12-18-10 ~ 12/18/10 Group: _____
Number of Nights: 11 Company: _____
Number of Guests: 1/0

SETTLEMENT INFORMATION

Payment Method: Cash
VS 3532 10/11 VS 5705 04/11

If any of the above information is incorrect or incomplete, please use the section below.

Name: _____ Telephone: _____
Address: _____
City: _____ State/Prov: _____ Postal Code: _____ Country: _____
Email Address: _____
License Plate #: _____ RN AURA

(Owned and Operated by Palmetto Investment Group, Inc.)

I have requested weekday delivery of USA TODAY. If refused, a credit of \$.75 will be applied to my account.
This hotel assumes no responsibility for loss of money, jewels, or other valuables, unless placed in our safe deposit boxes located at the Front Desk. The Hotel is not responsible for contents left in room or auto. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

NO SMOKING
\$250.00
FINE

Holiday Inn Express & Suites Columbia
1011 Clemson Frontage Rd.
Columbia, SC 29229
Telephone: (803)419-3668 Fax: (803)866-5837

619.38
510.00

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your Social Security Number is voluntary.

1. LOCATION	2. DATE 11 MAR 2011	3. TIME 12:00	4. FILE NO.
5. NAME (Last, First, MI) Gottke Justin E	8. ORGANIZATION OR ADDRESS 811 En Co 11495 Lancaster command Chillicothe Rd Amanda OH 43102		
6. SSN 283 78 9001	7. GRADE/STATUS E6		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army _____ and wanted to question me about the following offense(s) of which I am suspected/accused: _____

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (if available)		3. SIGNATURE OF INTERVIEWEE
1a. NAME (Type or Print) Gottke Justin E Sergeant F. Kelly	b. ORGANIZATION OR ADDRESS AND PHONE HHC 16th EN BDE	[Signature]
2a. NAME (Type or Print)		
b. ORGANIZATION OR ADDRESS AND PHONE		4. SIGNATURE OF INVESTIGATOR
		[Signature]
		5. TYPED NAME OF INVESTIGATOR
		Fenton E. Moore
		6. ORGANIZATION OF INVESTIGATOR
		HHC 16th EN BDE

Section C. Non-waiver

1. I do not want to give up my rights
 I want a lawyer I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2923) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).
PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.
ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.
DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION Columbus, Ohio, DSOB Bldg #2	2. DATE (YYYYMMDD) 2011/03/11	3. TIME 1200	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME Gottke, Justin E	6. SSN 283-78-9661	7. GRADE/STATUS 556/E-6	
8. ORGANIZATION OR ADDRESS 811th EW CO			

9. I, SSG Gottke Justin, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I moved to east over SC where I stayed in Govt quarters with Lt Phillips. The quarters were deemed unliveable. I received a statement of non availability and moved to Holiday Inn on third night. I stayed in Holiday Inn with Lt Phillips. I requested two receipts ~~after not~~ from Hotel, they were unable to give us two receipts with correct half cost values on them but were able to give us duplicate receipts value amounts with our individual names on them. I submitted travel voucher with total of all lodging costs assuming travel office would split cost correctly. I did not receive a receipt from Govt billets because of not being able to receive a fax from them of ^{total} cost. They were to credit back the weeks costs to charge cards.

Nothing follows

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT JEG	PAGE 1 OF 1 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF Gottke Justin TAKEN AT Columbus OH DATED 11 Mar 2011

9. STATEMENT (Continued)

Nothing follows

AFFIDAVIT

I, Gottke Justin, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[Signature]
(Signature of Person Making Statement)

WITNESSES:

Pyne Bradford J
Bull Garrison H. SGT

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 11 day of March, 2011 at

[Signature]
(Signature of Person Administering Oath)

Fenton E. Moore
(Typed Name of Person Administering Oath)
Investigator
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT
swb

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your Social Security Number is voluntary.

1. LOCATION 812th Sapper Company, Wooster, Ohio 44691	2. DATE 6 MAR 2011	3. TIME 1500	4. FILE NO.
5. NAME (Last, First, MI) Phillips, Mark R	8. ORGANIZATION OR ADDRESS 812th Sapper Company Wooster, Ohio 44691		
6. SSN 268-86-1902	7. GRADE/STATUS 2LT/O-1		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army 16th Engineer Brigade and wanted to question me about the following offense(s) of which I am

suspected/accused: Submission of fraudulent travel voucher

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

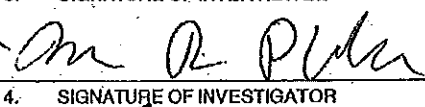
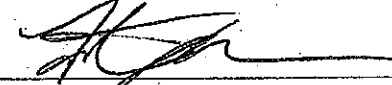
(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE
1a. NAME (Type or Print) W.A. Morgan CPT W.A. Morgan	812th Sapper Company Wooster, Ohio 44691	
b. ORGANIZATION OR ADDRESS AND PHONE		4. SIGNATURE OF INVESTIGATOR
2a. NAME (Type or Print)	812th Sapper Company Wooster, Ohio 44691	
b. ORGANIZATION OR ADDRESS AND PHONE		5. TYPED NAME OF INVESTIGATOR LTC Fenton Moore
		6. ORGANIZATION OF INVESTIGATOR 16th Engineer Brigade

Section C. Non-waiver

1. I do not want to give up my rights
 I want a lawyer. I do not want to be questioned or say anything

SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION Whester Armory	2. DATE (YYYYMMDD) 2011/03/06	3. TIME 16:05	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME Phillips, Mark R	6. SSN 268-86-1902	7. GRADE/STATUS O1	
8. ORGANIZATION OR ADDRESS 812 Engineer Co			

9. I, Mark Phillips, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

During the period in question I stayed with Ssg Gotke. We co-paid the room and the hotel provided us with the receipts. I then brought all of this material to the unit where it was filled out and submitted. I noted the travel voucher had a differ amount of money for lodging which the Col pointed it out. I used my otc to pay for everything so I thought the amount on the card would dictate the reimbursement for the lodging.

Nothing Follows

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <u>2</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF Phillips, Mark R TAKEN AT Wooster Army DATED 6 Mar 2011

9. STATEMENT (Continued)

Nothing Follows

I, Mark R. Phillips AFFIDAVIT

HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

Mark R. Phillips
(Signature of Person Making Statement)

WITNESSES: W.A. Morgan
W.A. Morgan CPT, EW

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 6 day of March, 2011 at Wooster, Ohio

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Fenton E. Moore
(Signature of Person Administering Oath)
Fenton E. Moore
(Typed Name of Person Administering Oath)
Investigative Officer
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT
MRP

PAGE 2 OF 2 PAGES

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).
PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.
ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.
DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION 812th BN CO 1400 W Old Lincoln Way, Wooster, OH	2. DATE (YYYYMMDD) 2011/03/06	3. TIME 1530	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME Carmony, Andrew, Sherwood	6. SSN 270-84-4473	7. GRADE/STATUS E5/SGT AGR TNCO	
8. ORGANIZATION OR ADDRESS 812th BN CO 1400 W Old Lincoln Way, Wooster, OH 44691			

I, Andrew Sherwood Carmony, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

As the 812th BN CO AGR TNCO, I process all COP-A TL's and 1351-2's, I am also the reviewer for the reviewer signature block of the 1351-2's, I also assist all students with correctly filling out the 1351-2's and make sure all block are filled out correctly, and that receipts are present. This was the case with 2LT Phillips Travel Voucher. He presented his receipt and told me he drove to his school. I help him fill it out and Type up the Travel Voucher. I verified his orders (there were 3 orders for his school) collected his receipt, and had 2LT Phillips review and sign the 1351-2 then submitted along with numerous other Travel Vouchers to State on TL #11-646-02. He later contacted me that he had not been paid in a timely manner, so I called the travel office to see if there was an issue, and there was an issue. It was being handle at a higher level, and I was guide by my command to instruct 2LT Phillips to pay his GTC and that the Travel of was still working his Travel Claim. -----Nothing Follows-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT <input checked="" type="checkbox"/> AC	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING 'STATEMENT OF _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF Andrew Sherwood Carmony TAKEN AT Wooster, OH DATED 2011/03/06

9. STATEMENT (Continued)

AFFIDAVIT

I, Andrew Sherwood Carmony

HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

CARMONY, ANDREW, SHERWOOD, 10735052

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 6 day of March, 2011

at Wooster, Ohio

[Signature]

(Signature of Person Administering Oath)

Fenton E. Moon

(Typed Name of Person Administering Oath)

Investigative Officer

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

AC

