

TRANSMITTAL SLIP		
6/8 (Date)		
TO: Mr. Swendiman		
BUILDING	ROOM NO.	
REMARKS: Subject was scheduled to travel 7 June to (Saigon) ¹³² If he goes Travel arrangements will be made by Major Sullivan. Subject's file reflects that French Intelligence source in Indo-China sought his service twice in 1945 when he was stationed there.		
FROM: Vince		
BUILDING	ROOM NO.	EXTENSION

FORM NO. 36-8
SEP 1946

OVERSEAS PROCESSING SHEET

SUBJECT Concin, Lucien Emile No. 5025Title and Grade Area Ops Off, Major 4SA Office & Division FE

Estimated date of travel _____

TDY ☐PCS ☒Destination (Saigon) 13-2Cover for one year

Itinerary _____

True Military

SECURITY FACTORS

	Item	Action Initiated	Completed
1.	Date of polygraph	<u>14 Sept 53</u>	
2.	Clearances:		
	<input type="checkbox"/> CRYPTO		
	<input type="checkbox"/> SI		
	<input type="checkbox"/> Q		
	<input type="checkbox"/> Certification		
	<input type="checkbox"/> Concurrence - ?	<u>file fwd to RCS</u>	

3. Flags:

4. Other:

Subject was scheduled for 7 June checkouts.
 Price indicates that MPD will handle travel
 and they state there is a strong possibility he
 will not travel.

Information regarding travel obtained from

File

Processing Sheet completed by

Luddy

Date _____

5025

TRAVEL ORDER		OFFICE TRAVEL ORDER NO. FE-1037-4
NAME LUCIEN E. CONEIN		ALLOTMENT ACCOUNT SYMBOL J147-32-137
TITLE Area Ops Officer		GRADE AND SALARY MA-6 USA
OFFICE PHONE 238		OFFICIAL STATION (Saigon Indochina) 13-2
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY Travel authorized from Washington D. C. to (Saigon Indochina) 13-2		
PURPOSE For PCS (Subject will be under MAAG cover which only allows subject to remain in Indochina one year. His PCS tour will therefore be one year.		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION) 13-2 Authorized 150 lbs. operational excess baggage. Excess baggage will be transported at the expense of the traveler. Subject will be <u>under MAAG cover.</u> 32		
COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE) <input type="checkbox"/> DD/P <input type="checkbox"/> OTHER OPERATIONAL AREAS <input type="checkbox"/> THEATER CLEARANCE (IF OBTAINABLE)		
Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized.		ESTIMATED COST OF TRAVEL \$ 1,100.00
TRAVEL TO BEGIN ON OR ABOUT 1 June 1954	TERMINATING APPROXIMATELY arrival at PCS	CERTIFICATION (BY PROCESSING BRANCH) Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated. 03 [Signature] SIGNATURE
MODE OF TRAVEL (SPECIFY) Air - all way		
ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE AS FOLLOWS IF APPLICABLE <input type="checkbox"/> (A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER. <input type="checkbox"/> (B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.		
<input checked="" type="checkbox"/> THE CHANGE OF OFFICIAL STATION INDICATED IS EFFECTED IN THE INTEREST OF THE GOVERNMENT AND NOT FOR YOUR PERSONAL CONVENIENCE IN CONNECTION WITH CHANGE OF STATION. YOU ARE AUTHORIZED TO TRANSPORT YOUR IMMEDIATE FAMILY, YOUR HOUSEHOLD GOODS, PERSONAL EFFECTS, SUBJECT TO WEIGHT LIMITS, RESTRICTIONS AND PROVISIONS AS SET FORTH IN AGENCY REGULATIONS. <input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITH EMPLOYER. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE. <input type="checkbox"/> TEMPORARY DUTY.		
NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE) E. Hareline, FR/CPI Gordon M. Stewart, CPI		Military orders required by MFD: 28 May 54 FR D E. TOWELL, CAPT., AGC SIGNATURE OF AUTHORIZING OFFICIAL

SECRET 5025

TRAVEL ORDER		OFFICE TRAVEL ORDER NO.
30 April 1951 <u>CANCELLATION</u>		1-14/2 C.
NAME <u>Ericson F. CORNIN</u> <i>Cornin</i>		ALLOTMENT ACCOUNT SYMBOL
OFFICE PHONE <u>671</u>		GRADE AND SALARY <u>Major - USA</u>
TITLE <u>Intelligence Officer</u>	OFFICIAL STATION <u>Washington, D. C.</u>	
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY <u>Washington, D. C. to Athens, Greece to (Frankfurt, Germany) and return to Washington, D. C.</u> <i>15-20</i>		
PURPOSE		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION) <u>This cancels the original order and Amendment # 1 in their entirety.</u>		
COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE) <input type="checkbox"/> DD/P <input type="checkbox"/> OTHER OPERATIONAL AREAS <input type="checkbox"/> THEATER CLEARANCE (IF OBTAINABLE)		
Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized.		ESTIMATED COST OF TRAVEL \$
TRAVEL TO BEGIN ON OR ABOUT	TERMINATING APPROXIMATELY	CERTIFICATION (BY PROCESSING BRANCH) <u>Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated.</u> <i>03 (M. F. Frederick)</i> SIGNATURE
MODE OF TRAVEL (SPECIFY)		
ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE AS FOLLOWS IF APPLICABLE <input type="checkbox"/> (A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER. <input type="checkbox"/> (B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.		
<input type="checkbox"/> THE CHANGE OF OFFICIAL STATION INDICATED IS EFFECTED IN THE INTEREST OF THE GOVERNMENT AND NOT FOR YOUR PERSONAL CONVENIENCE. <input type="checkbox"/> IN CONNECTION WITH CHANGE OF STATION, YOU ARE AUTHORIZED TO TRANSPORT YOUR IMMEDIATE FAMILY, YOUR HOUSEHOLD GOODS, PERSONAL EFFECTS, SUBJECT TO WEIGHT LIMITS, RESTRICTIONS AND PROVISIONS AS SET FORTH IN AGENCY REGULATIONS. <input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITH EMPLOYEE. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE. <input type="checkbox"/> TEMPORARY DUTY.		
NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE) <i>03</i> <u>(Frank S. Chapin) Major</u>		<u>Noted by MPD: 13 May 54</u> <u>FRED M. STOWELL, CAPT., AGC</u> (DATE) _____ SIGNATURE OF AUTHORIZING OFFICIAL _____

FORM NO. 33-27-1 OCT 1951

SUPERSEDES PREVIOUS EDITIONS OF FORMS 33-27, 33-28, 34-4, 34-4A, 34-5, 36-207 AND 37-60 WHICH MAY NOT BE USED.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1952 - 230611

SECRET

SECRET

5025

TRAVEL ORDER 26 April 1954		OFFICE TRAVEL ORDER NO. 25-166/54, Amend A
		ALLOTMENT ACCOUNT SYMBOL 00000 (1-211-1-012)
NAME Lucian E. CHAPIN	OFFICE PHONE 671	GRADE AND SALARY Major - USA
TITLE Intelligence Officer	OFFICIAL STATION Washington, D. C.	
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY Washington, D. C. to Athens, Greece to ¹⁵⁻²⁰ Frankfurt, Germany and return to Washington, D. C.		
I CERTIFY THAT FUNDS ARE AVAILABLE:		
OBLIGATION REFERENCE No. _____		
PURPOSE: CHARGE TO ALLOTMENT No. _____		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION)		AUTHORIZING OFFICER
Inasmuch as only tourist flight accommodations are available to the traveler, excess baggage is authorized up to a total weight allowance for the traveler of 66 lbs.		
COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE)		
<input type="checkbox"/> DD/P <input type="checkbox"/> OTHER OPERATIONAL AREAS <input type="checkbox"/> THEATER CLEARANCE (IF OBTAINABLE)		
Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized.		ESTIMATED COST OF TRAVEL \$ 57.00 ^{additional}
TRAVEL TO BEGIN ON OR ABOUT	TERMINATING APPROXIMATELY	CERTIFICATION (BY PROCESSING BRANCH) Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated. <div style="text-align: right;"> ⁰³ <i>(Dm d dman)</i> SIGNATURE </div>
MODE OF TRAVEL (SPECIFY)		
ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE AS FOLLOWS IF APPLICABLE <input type="checkbox"/> (A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER. <input type="checkbox"/> (B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.		
<input type="checkbox"/> THE CHANGE OF OFFICIAL STATION INDICATED IS EFFECTED IN THE INTEREST OF THE GOVERNMENT AND NOT FOR YOUR PERSONAL CONVENIENCE. <input type="checkbox"/> IN CONNECTION WITH CHANGE OF STATION, YOU ARE AUTHORIZED TO TRANSPORT YOUR IMMEDIATE FAMILY, YOUR HOUSEHOLD GOODS, PERSONAL EFFECTS, SUBJECT TO WEIGHT LIMITS, RESTRICTIONS AND PROVISIONS AS SET FORTH IN AGENCY REGULATIONS. <input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITH EMPLOYEE. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE. <input type="checkbox"/> TEMPORARY DUTY.		
NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE) <div style="text-align: center;"> ⁰³ <i>(Frank E. Chapin)</i> SE ADJIS </div>		(DATE) _____ SIGNATURE OF AUTHORIZING OFFICIAL _____

SECRET

3/17/54

FILE-8

OVERSEAS PROCESSING SHEET

SUBJECT Conlin, Lucian C. No. 5025

Title and Grade Major W.S.A. Office & Division DDP/SE

Estimated date of travel 3 May 54 TDY ☒ PCS ☐

Destination A-G and F-G Cover _____

Itinerary _____

SECURITY FACTORS

Item	Action Initiated	Completed
1. Date of polygraph <u>14 Sept 53</u>		
2. Clearances:		
<input type="checkbox"/> CRYPTO		
<input type="checkbox"/> SI		
<input type="checkbox"/> Q		
<input type="checkbox"/> Certification		
<input type="checkbox"/> Concurrence		

3. Flags: _____


4. Other: None

Information regarding travel obtained from _____

Processing Sheet completed by W.B. Gaddy Date 4/28/54

SECRET

5025

TRAVEL ORDER 13 April 1954		OFFICE TRAVEL ORDER NO. EE-166/54
		ALLOTMENT ACCOUNT SYMBOL 00000 (1-321-1-01)
NAME Lucian E. COMEN	OFFICE PHONE 671	GRADE AND SALARY Major - USA
TITLE Intelligence Officer	OFFICIAL STATION Washington, D. C.	
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY Washington, D. C. to Athens, Greece to (Frankfurt, Germany) and return to Washington, D. C.		
PURPOSE To confer on operational matters in connection with GEOPUS.		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION) \$250.00 advance authorized. Military cover orders authorized. 32		
COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE) <input type="checkbox"/> DD/P <input type="checkbox"/> OTHER OPERATIONAL AREAS <input type="checkbox"/> THEATER CLEARANCE IF OBTAINABLE		
Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized.		ESTIMATED COST OF TRAVEL \$ 1200.00
TRAVEL TO BEGIN ON OR ABOUT 3 May 1954	TERMINATING APPROXIMATELY 12 May 1954	CERTIFICATION (BY PROCESSING BRANCH) Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated.  SIGNATURE
MODE OF TRAVEL (REGISTRY) By Air		
ALLOWANCE FOR PRIVATE USE OF AUTOMOBILE AS FOLLOWS IF APPLICABLE <input type="checkbox"/> (A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER. <input type="checkbox"/> (B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.		
<input type="checkbox"/> THE CHANGE OF OFFICIAL STATION INDICATED IS EFFECTED IN THE INTEREST OF THE GOVERNMENT AND NOT FOR YOUR PERSONAL CONVENIENCE. <input type="checkbox"/> IN CONNECTION WITH CHANGE OF STATION, YOU ARE AUTHORIZED TO TRANSPORT YOUR IMMEDIATE FAMILY, YOUR HOUSEHOLD GOODS, PERSONAL EFFECTS, SUBJECT TO WEIGHT LIMITS, RESTRICTIONS AND PROVISIONS AS SET FORTH IN AGENCY REGULATIONS. <input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITH EMPLOYEE. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE. <input type="checkbox"/> TEMPORARY DUTY.		
NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE) 03 (Frank E. Chapin, CPT/ADMIN)		PHIL N. STORCK, CAPT., AGC (DATE) _____ SIGNATURE OF AUTHORIZING OFFICIAL _____

SECRET

SECURITY INFORMATION

SECRET

VOUCHERED

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname)
Lucien E. COMEIN

2. DATE OF BIRTH
29 Nov 1919

3. REQUEST NO.
281-53

4. DATE OF REQUEST
20 Oct 1953

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)

Reassignment (Key Personnel)

B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
A. PROPOSED

B. APPROVED

RECORDED
CONTROL DESK

7. C. S. OR OTHER
LEGAL AUTHORITY

FROM— Operations Officer (F) 45-1

Major USA

DDP/SE

German Mission
Nurnberg Ops. Base
Nurnberg, Germany

15-29

8. POSITION TITLE AND
NUMBER

9. SERVICE, GRADE, AND
SALARY

10. ORGANIZATIONAL
DESIGNATIONS

11. HEADQUARTERS

12. FIELD OR DEPARTMENTAL

TO—

Intell. Officer BD-49

Major USA

DDP/SE

SE/1 - (Albanian) Branch
Office of the Chief
Washington, D. C.

☒ FIELD

☐ DEPARTMENTAL

☐ FIELD

☒ DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Transfer TO Vouchered Funds FROM Unvouchered Funds.

Concurrence: EE Division

B. REQUESTED BY (Name and title)

(JOSEPH BURK) SE/ADMIN

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)

(ROBERT LUNIS) X-3965

D. REQUEST APPROVED BY

Signature: _____

Title: _____

13. VETERAN PREFERENCE

NONE	WWII	OTHER	5-PT.	10-POINT
<input checked="" type="checkbox"/>				
			DISAB.	OTHER

14. POSITION CLASSIFICATION ACTION

NEW	VICE	I. A.	REAL

CD - FI

15. SEX

16. RACE

17. APPROPRIATION

FROM:

3130 - 55 - 017

TO:

4 - 3200 - 20

18. SUBJECT TO C. S.
RETIREMENT ACT
(YES—NO)

NO

19. DATE OF APPOINT-
MENT AFFIDAVITS
(ACCESSIONS ONLY)

20. LEGAL RESIDENCE

☐ CLAIMED ☐ PROVED
STATE:

21. STANDARD FORM 50 REMARKS

22. CLEARANCES

INITIAL OR SIGNATURE

DATE

REMARKS:

A.

B. CEIL. OR POS. CONTROL

C. CLASSIFICATION

D. PLACEMENT OR EMPL.

E.

F. APPROVED BY

SECRET