

TRANSMITTAL SLIP		
6/8 (Date)		
TO: <i>Mr Swendeman</i>		
BUILDING	ROOM NO.	
REMARKS: <i>Subject was scheduled to travel 7 June to (Saigon) ¹³² If he goes I would arrangement 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.</i>		
FROM: <i>Vince</i>		
BUILDING	ROOM NO.	EXTENSION

FORM NO. 36-8
SEP 1946

VPV

OVERSEAS PROCESSING SHEET

SUBJECT Concin, Lucien Emile No. 5025

Title and Grade Area Ops Off, Major USA Office & Division FE

Estimated date of travel _____ TDY PCS

Destination (Saigon) 13-2 Cover 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

LUCIEN E. CONEIN

26 May 54

OFFICE TRAVEL ORDER NO.

FD-103-24

ALLOTMENT ACCOUNT SYMBOL

ADMIN EXP/103-24

GRADE AND SALARY

MA-6 USA

NAME
LUCIEN E. CONEIN

OFFICE PHONE

330

TITLE
Air Ops Officer

OFFICIAL STATION

(Foreign Indonesia) 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 **(Foreign, Indonesia)**
13-2

PURPOSE
For PCS (Subject will be under MIA cover which only allows subject to remain in Indonesia) one year. His PCS tour will therefore be one year.

SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION)
13-2
Authorized 150 lbs. operational excess baggage.
~~XXXXXXXXXXXXXXXXXXXX~~
Subject will be **(under MIA cover)**
32

COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE)

DD/P OTHER OPERATIONAL AREAS THEATER CLEARANCE (IF OBTAINABLE)

Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized.

ESTIMATED COST OF TRAVEL

\$ 1,000.00

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

ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE AS FOLLOWS IF APPLICABLE

- (A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER.
- (B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.

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.

TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED.

RETURN FROM POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED.

Military orders required by MFD: 28 May 54

- DEPENDENTS TO TRAVEL WITH EMPLOYEE.
- DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE.
- TEMPORARY DUTY.

FR D. H. TOWELL, CAPT., MSG

NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE)

E. Hareline, FL/CJI
Gordon H. Stewart, CJI

(DATE)

SIGNATURE OF AUTHORIZING OFFICIAL

5/PJ

SECRET 5025

TRAVEL ORDER		OFFICE TRAVEL ORDER NO. <i>1-11/2-54</i>
		ALLOTMENT ACCOUNT SYMBOL <i>1-11-54</i>
30 April 1954 <u>CANCELLATION</u>		
NAME Lucien F. CORNIN <i>Cornin</i>	OFFICE PHONE <i>272</i>	GRADE AND SALARY <i>Major - USA</i>
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.		
PURPOSE		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION) This cancels the original order and Amendment # 1 in their entirety.		
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) Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated. <i>03</i> <i>(M. Fredrick)</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. 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> (Frank S. Chapin) <i>SA/ASST</i>		Noted by MPD: 13 May 54 FRED M. STOWELL, CAPT., AGC
(DATE)		SIGNATURE OF AUTHORIZING OFFICIAL

3/PJ

SECRET

5025

TRAVEL ORDER		OFFICE TRAVEL ORDER NO. <i>5025/1, used 1</i>
<i>26 April 1954</i>		ALLOTMENT ACCOUNT SYMBOL <i>DDPFC (1-211-1-01)</i>
NAME Lucian E. CHASE	OFFICE PHONE 612	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.		
PURPOSE		I CERTIFY THAT FUNDS ARE AVAILABLE: OBLIGATION REFERENCE No. _____ CHARGE TO ALLOTMENT No. _____
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION)		AUTHORIZING OFFICER
Inasmuch as early 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. <i>03</i> (Dmudman) 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)		(DATE) _____ SIGNATURE OF AUTHORIZING OFFICIAL _____
(Frank E. Chapin) ⁰³ SA ADLIS		Noted by HFD: 11 May 1954 FRANK E. STEWELL, CAPT., AGC

SECRET

3/170

FILE-8

OVERSEAS PROCESSING SHEET

SUBJECT Corleia Lucin C. No. 5025

Title and Grade Major U.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:	<i>[Handwritten Signature]</i>	
<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 File and Pass

Processing Sheet completed by J/S Guddy Date 4/28/54

SECRET

5025

TRAVEL ORDER		OFFICE TRAVEL ORDER NO. SE-106/51
		ALLOTMENT ACCOUNT SYMBOL COMS (A-322-1-01)
13 April 1954		
NAME Lucien E. COMBS	OFFICE PHONE 672	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. 15-20		
PURPOSE To confer on operational matters in connection with COMS.		
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 \$ 1000.00
TRAVEL TO BEGIN ON OR ABOUT 15 May 1954	TERMINATING APPROXIMATELY 11 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 (SPECFY)		
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. Military orders required by MFD: 15 Apr 54 <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 N. Chapin) CE/ASST	FRED N. STOWELL, CAPT., AGC (DATE) _____ SIGNATURE OF AUTHORIZING OFFICIAL _____	

SECRET

3/PJ

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. CONEIN	2. DATE OF BIRTH 29 Nov 1919	3. REQUEST NO. 281-53	4. DATE OF REQUEST 20 Oct 1953
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5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment (Key Personnel)	6. EFFECTIVE DATE A. PROPOSED ✓ B. APPROVED	7. C. S. OR OTHER LEGAL AUTHORITY
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B. POSITION (Specify whether establish, change grade or title, etc.)	RECORDED CONTROL DESK
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FROM— Operations Officer (F) 45-1 Major USA DDP/SE German Mission Nurnberg Ops. Base Nurnberg, Germany } 15-29	8. POSITION TITLE AND NUMBER	TO— Intell. Officer BD-49 Major USA DDP/SE SE/1 - (Albanian) Branch Office of the Chief Washington, D. C.
9. SERVICE, GRADE, AND SALARY	10. ORGANIZATIONAL DESIGNATIONS	11. HEADQUARTERS
12. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	

A. REMARKS (Use reverse if necessary)
 Transfer 10 Vouchered Funds FROM Unvouchered Funds.

Concurrence: EE Division

B. REQUESTED BY (Name and title) (JOSEPH BURK) SE/ADMIN	D. REQUEST APPROVED BY Signature: _____ Title: _____
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C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) (ROBERT LUNIS) X-3965	14. POSITION CLASSIFICATION ACTION NEW VICE L. A. REAL CD - FI
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13. VETERAN PREFERENCE NONE WWII OTHER 5-PT. 10-POINT DISAB. OTHER <input checked="" type="checkbox"/>	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) NO	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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15. SEX M	16. RACE W	17. APPROPRIATION FROM: 3130 - 55 - 017 TO: 4 - 3200 - 20
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21. STANDARD FORM 50 REMARKS
 Security Approval has been granted for this request.
 NOV 9 1953
 S

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY

SECRET