

TRANSMITTAL SLIP		
6/8 (Date)		
TO: <i>Mr Swendiman</i>		
BUILDING	ROOM NO.	
REMARKS: <i>Subject was scheduled to travel 7 June to (Saigon) ¹³² If he goes travel arrangements will be made by Major Hullam. 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

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OVERSEAS PROCESSING SHEET

SUBJECT Concin, Lucien Emile No. 5025

Title and Grade Area Ops Off, Major 4SA 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 _____

4170

SECRET 5025

TRAVEL ORDER 30 APRIL 1954 <u>CANCELLATION</u>		OFFICE TRAVEL ORDER NO. 1-114/24 ON.
		ALLOTMENT ACCOUNT SYMBOL 11-21-13-13
NAME Linton F. COYNE <i>Coyne</i>	OFFICE PHONE 872	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		
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. 03 <i>(M.F. Sedwick)</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>(Frank N. Chapin)</i> ⁰³ <i>FR/ASST</i>		Noted by KPD: 13 May 54 FRED M. SLOWELL, CAPT., AGC _____ (DATE) SIGNATURE OF AUTHORIZING OFFICIAL

SECRET

3/PW

SECRET

5025

TRAVEL ORDER		OFFICE TRAVEL ORDER NO. <i>5016/4, used A</i>
<i>26 April 1954</i>		ALLOTMENT ACCOUNT SYMBOL <i>DDFC (1-217-1-01)</i>
NAME Lucian E. CHASE	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 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 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 \$ ⁰³ 52.00 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. ⁰³ (Dmddman) 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)
⁰³ (Frank E. Chapin) SE ADLIS		SIGNATURE OF AUTHORIZING OFFICIAL

Noted by HFD: 11 May 1954
FRANK E. STEWELL, CAPT., AGC

SECRET

3/170

FILE-8

OVERSEAS PROCESSING SHEET

SUBJECT Corliss Lucian 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 Price

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

SECRET

5025

TRAVEL ORDER		OFFICE TRAVEL ORDER NO. EE-106/51
		ALLOTMENT ACCOUNT SYMBOL COMB (2-321-1-01)
13 April 1951		
NAME Lucien E. COMBES	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) ¹⁵⁻²⁰ and return to Washington, D. C.		
PURPOSE To confer on operational matters in connection with COMBES.		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION) \$250.00 advance authorized. [redacted] 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 1951	TERMINATING APPROXIMATELY 12 May 1951	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 (SPEIFY)		
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 MED: 15 Apr 51 <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) CE/ADMIN	FRED N. STOWELL, CAPT., AGC (DATE) _____ SIGNATURE OF AUTHORIZING OFFICIAL _____	

SECRET

3/PD

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. COEHN	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)		6. EFFECTIVE DATE A. PROPOSED 15-29	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED RECORDED CONTROL DESK	

FROM— Operations Officer (F) 45-1 Major USA DDP/SE (German Mission Murnberg Ops. Base Murnberg, 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.)
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	9. SERVICE, GRADE, AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 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

03 B. REQUESTED BY (Name and title) (JOSEPH BURK) SE/ADMIN	D. REQUEST APPROVED BY Signature: _____ Title: _____
03 C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) (ROBERT BURNS) X-3965	

13. VETERAN PREFERENCE					14. POSITION CLASSIFICATION ACTION			
NONE	WWII	OTHER	5-PT.	10-POINT	NEW	VICE	I. A.	REAL
<input checked="" type="checkbox"/>				DISAB. OTHER				
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 3130 - 55 - 017 TO: 4 - 3200 - 20		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"/> PROVE STATE:		

21. STANDARD FORM 50 REMARKS

Security Approval has been granted for this request

NOV 9 1953
 Personnel Security Branch
 5

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

F. APPROVED BY

SECRET