

(01145)

RELEASE

OFFICER'S ORDER MEMORANDUM
NAVPERS- 1152 (REV. 9-49)

RANK	NAME (First) <i>Lafayette</i> (Middle Initial) <i>R.</i> (Last) <i>HUBBARD</i>	CORPS	<input type="checkbox"/> USN <input checked="" type="checkbox"/> USNR	FILE NO. & DESIGNATOR OR CLASS 113392/1105
------	--	-------	--	---

AT	4303 Elm St. Bethesda, Md.	Via: Com PRNC	DATE 10/24/50	ORIGINATING PERS B1136
----	----------------------------------	---------------	------------------	---------------------------

TYPE OF ORDERS	(Give Date)	DATE OUT BY	CONTROL NUMBER
<input type="checkbox"/> FIRST ORDERS	<input type="checkbox"/> CHANGE OF DUTY	<input type="checkbox"/> APPROVAL OF ACTION	<input type="checkbox"/> COTA
<input type="checkbox"/> ORDCAN	<input type="checkbox"/> ORDCOR	<input type="checkbox"/> UNDELIVERED	
<input type="checkbox"/> UNORDCAN	<input type="checkbox"/> COMPRESDU	Issued By <u>CODE 6</u>	
<input type="checkbox"/> ORDMOD	<input type="checkbox"/> CONTREAT	Letter dated _____	
<input type="checkbox"/> FURORDMOD	<input type="checkbox"/> REPEATED FOR COMPLIANCE	Dispatch, Time Group _____	
		10/26/50	028366

D E T A C H E D	<input type="checkbox"/> DIRDET	<input type="checkbox"/> DECOM	<input type="checkbox"/> ABOUT _____	L E T T E R	<input type="checkbox"/> AIR	D I S P A T C H	<input type="checkbox"/> NL
	<input type="checkbox"/> HERDET	<input type="checkbox"/> COMPCOURDET	<input type="checkbox"/> DETRELBY <u>FORM 30</u>		<input checked="" type="checkbox"/> PLAIN		<input type="checkbox"/> ROUTINE
	<input type="checkbox"/> RELDET	<input type="checkbox"/> DIRMAKETRANS	<input type="checkbox"/> UPON REPORTING OF _____				<input type="checkbox"/> PRIORITY
	<input type="checkbox"/> RELDIRDET	<input type="checkbox"/> DISTREAT	<input type="checkbox"/> RELBY _____				
	<input type="checkbox"/> INACT						

F R O M	<input type="checkbox"/> DUTY	<input type="checkbox"/> TEMINS	<input type="checkbox"/> DUFly INS
	<input type="checkbox"/> TEM	<input type="checkbox"/> DUFly	<input type="checkbox"/> TEMFly INS
	<input type="checkbox"/> DUINS	<input type="checkbox"/> TEMFly	<input type="checkbox"/> STAFF
	AS:		

1. TO:	<input type="checkbox"/> PROREP	<input type="checkbox"/> PROWDELREP	<input type="checkbox"/> PROIMREP	<input type="checkbox"/> PROPORICH	<input type="checkbox"/> REPT ON	F O R	<input type="checkbox"/> DUTY	<input type="checkbox"/> TEMINS	<input type="checkbox"/> DUFly INS
							<input type="checkbox"/> TEM	<input type="checkbox"/> DUFly	<input type="checkbox"/> TEMFly INS
							<input type="checkbox"/> DUINS	<input type="checkbox"/> TEMFly	<input type="checkbox"/> STAFF
							<input type="checkbox"/> TEMSEP RAD	<input type="checkbox"/> DUREL	
						AS:			

LETTER 27 May 1950

2. TO:	<input type="checkbox"/> DIRDET	<input type="checkbox"/> COMPTM- DIRDET	<input type="checkbox"/> PROREP	F O R	<input type="checkbox"/> DUTY	<input type="checkbox"/> TEMINS	<input type="checkbox"/> DUFly INS
					<input type="checkbox"/> TEM	<input type="checkbox"/> DUFly	<input type="checkbox"/> TEMFly INS
					<input type="checkbox"/> DUINS	<input type="checkbox"/> TEMFly	<input type="checkbox"/> STAFF
					<input type="checkbox"/> TEMSEP RAD	<input type="checkbox"/> DUREL	
				AS:			

SPECIAL CLAUSES	<input type="checkbox"/> PERDIEMAUTH	<input type="checkbox"/> CARBAGAIR	<input type="checkbox"/> HERDESNVAV	<input type="checkbox"/> SUPCORGREESERV	<input type="checkbox"/> PASSQUIRED
	<input type="checkbox"/> GOVAIRDIRVAIL	<input type="checkbox"/> CONASAERO	<input type="checkbox"/> CEPVOL	<input type="checkbox"/> GREESERV TWELVE	<input type="checkbox"/> CHARGE SANDTR
	<input type="checkbox"/> GOVAIRAUTHVAIL	<input type="checkbox"/> HERDUFly	<input type="checkbox"/> RETAPPLIM	<input type="checkbox"/> AUTHTRAVNOPENSE	<input type="checkbox"/> CHARGENAVRES
	<input type="checkbox"/> BAGAIR	<input type="checkbox"/> HERDUFlyDORSE	<input type="checkbox"/> SERVCOMPTERN	<input type="checkbox"/> IMMUNQUIRED	<input type="checkbox"/> OTHER

"CC" AND INFO ADDRESSEES	T&P:
B1131 B111d	QUAL:

DETAIL OFFICER	EXTENSION
Lt. Chavis	42961

Handwritten: *113392-1105 Pers B1136*

RELEASE

RANK LT	NAME (Print) Lafayette H. Hubbard	(Middle Initial)	CORPS USNR	FILE NO. & DESIGNATOR OR CLASS 11382/1108
------------	--------------------------------------	------------------	---------------	--

AT 4303 Elm St. Bethesda, Md.	DATE 10/24/50	ORIGINATING PERS B1138
-------------------------------------	------------------	---------------------------

TYPE OF ORDERS	DATE OUT BY 10/26/50	CONTROL NUMBER 0288366
<input type="checkbox"/> FIRST ORDERS <input type="checkbox"/> ORDOR <input type="checkbox"/> UNORDOR <input type="checkbox"/> ORDOD <input type="checkbox"/> FURORDOD	(Give Date) 10/26/50	Vias: Com PRINC 10/24/50

<input type="checkbox"/> REPEATED FOR DISPATCH, TIME GROUP <input type="checkbox"/> COMPLIANCE <input type="checkbox"/> LETTER DATED <input type="checkbox"/> CONGRESSU <input type="checkbox"/> UNDELIVERED	REPLY REPORTING OF UPON DIRMAKERS CONFOURD ABOUT	DISTRICT DISTRICT DISTRICT DISTRICT DISTRICT	REPEAT REPEAT REPEAT REPEAT REPEAT	REPLY REPORTING OF UPON DIRMAKERS CONFOURD ABOUT	REPLY REPORTING OF UPON DIRMAKERS CONFOURD ABOUT
--	---	--	--	---	---

<input type="checkbox"/> DUTY <input type="checkbox"/> TEM <input type="checkbox"/> DUTY <input type="checkbox"/> TEM <input type="checkbox"/> DUTY <input type="checkbox"/> TEM	REPLY REPORTING OF UPON DIRMAKERS CONFOURD ABOUT	DISTRICT DISTRICT DISTRICT DISTRICT DISTRICT	REPEAT REPEAT REPEAT REPEAT REPEAT	REPLY REPORTING OF UPON DIRMAKERS CONFOURD ABOUT	REPLY REPORTING OF UPON DIRMAKERS CONFOURD ABOUT
---	---	--	--	---	---

<input type="checkbox"/> DUTY <input type="checkbox"/> TEM <input type="checkbox"/> DUTY <input type="checkbox"/> TEM <input type="checkbox"/> DUTY <input type="checkbox"/> TEM	REPLY REPORTING OF UPON DIRMAKERS CONFOURD ABOUT	DISTRICT DISTRICT DISTRICT DISTRICT DISTRICT	REPEAT REPEAT REPEAT REPEAT REPEAT	REPLY REPORTING OF UPON DIRMAKERS CONFOURD ABOUT	REPLY REPORTING OF UPON DIRMAKERS CONFOURD ABOUT
---	---	--	--	---	---

<input type="checkbox"/> PASSED <input type="checkbox"/> CHARGED <input type="checkbox"/> CHARGED <input type="checkbox"/> OTHER	<input type="checkbox"/> SUBCORRESERV <input type="checkbox"/> RESERVATIVE <input type="checkbox"/> AUTHORITY <input type="checkbox"/> IMMUNIZED	<input type="checkbox"/> HERDSHAW <input type="checkbox"/> CEPOL <input type="checkbox"/> RETAPLIN <input type="checkbox"/> SERVCOMPEN	REPLY REPORTING OF UPON DIRMAKERS CONFOURD ABOUT	DISTRICT DISTRICT DISTRICT DISTRICT DISTRICT	REPEAT REPEAT REPEAT REPEAT REPEAT	REPLY REPORTING OF UPON DIRMAKERS CONFOURD ABOUT	REPLY REPORTING OF UPON DIRMAKERS CONFOURD ABOUT
---	---	---	---	--	--	---	---



TRP:	QUAL:	EXTENSION	43881
		DETAIL OFFICER	J. Davis

(0112)