

TAD/TDY REQUEST WORKSHEET

NAVEUR NAVSUPPACT NAPLES 1320/2 (Rev. 1-02)

TRAVELER INFO

NAME (last) (first) (middle)			SOCIAL SECURITY NUMBER
PAYGRADE AND RANK	TITLE		PHONE#
DEPARTMENT	UIC ASSIGNED	VISA GOVERNMENT CREDIT CARD CARDHOLDER <input type="checkbox"/> YES <input type="checkbox"/> NO	

TRAVEL INFORMATION

TRAVEL ITINERARY	DATES		MODE OF TRAVEL	TYPE OF LODGING	MEAL RATE
	FROM	TO			
FROM:					
TO (site#1)					
TO (site#2)					
TO (site#3)					
TO (site#4)					
TO (site#5)					
TO (site#6)					
TO (site#7)					
TO (site#8)					

LEAVE IN CONJUNCTION WITH TAD/TDY - DATES: FROM: _____ TO: _____

TRANSPORTATION COST \$	RENTAL CAR <input type="checkbox"/> NO <input type="checkbox"/> YES \$
CONFERENCE FEE \$	OTHER FEES \$
FUNDING ACTIVITY:	BUDGET CODE _____ JOB ORDER NO. _____

PURPOSE OF TAD/TDY: _____

(MANDATORY-SEE NOTE BELOW) ON/OFF DUTY FORCE PROTECTION (FP) AT TAD/TDY SITE: _____

NOTE: NSA NAPLES FP OFFICER WILL INDICATE THE COMMAND RESPONSIBLE FOR FP AT MEMBER'S TAD SITE

CO/XO APPROVAL IF NOT ON TRAVEL PLAN: APPROVED/DISAPPROVED SIGNATURE: _____

*** NOTE: , JUSTIFICATION MUST BE PROVIDED IN THE "REMARKS" BLOCK IF TRAVEL WAS NOT INCLUDED IN YOUR DEPARTMENT'S TRAVEL BUDGET.**

REMARKS

REQUESTING OFFICIAL	APPROVING OFFICIAL
(Print name, grade/rank, title, date, and phone #)	(Print name, grad, title, date, and phone #)
Signature	Signature

PRIVACY ACT STATEMENT

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