

REQUEST FOR TRAVEL ORDERS

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Part A - Employee's Information			
Name (Last, First, Middle):	SSN (Last four):		
Email (Personal):	Home phone:		
Email (Official, if applicable):	Work phone:		
Current address:			
Home of Record/Actual Place of Residence (APR) at the time of initial overseas appointment:			
Current Position (Title, series, grade)/Command/Location:			
New Position (Title, series, grade, step)/Command/Location:			
Part B - Travel Information			
<input type="checkbox"/> PCS IN (<input type="checkbox"/> Current Federal <input type="checkbox"/> New to Federal) <input type="checkbox"/> PCS OUT (<input type="checkbox"/> Transfer <input type="checkbox"/> Separation <input type="checkbox"/> Retire) <input type="checkbox"/> Early Return of Dependents	<ul style="list-style-type: none"> ▪ Tentative Reporting Date/Travel Date: ▪ Alternate Origin/Destination (if applicable): 		
Part C - Dependents Information			
Name (Last, First, Middle)	Relationship	DOB	Travel Date
			<input type="checkbox"/> Concurrent <input type="checkbox"/> Delayed ()
			<input type="checkbox"/> Concurrent <input type="checkbox"/> Delayed ()
			<input type="checkbox"/> Concurrent <input type="checkbox"/> Delayed ()
			<input type="checkbox"/> Concurrent <input type="checkbox"/> Delayed ()
			<input type="checkbox"/> Concurrent <input type="checkbox"/> Delayed ()
Remarks:			

Part D - Shipment of Household Goods (HHG)

How many rooms of HHG are you shipping/storing? (Includes living room, dining room, kitchen, den, bedrooms, garage, attic and basement.)

I will ship my HHG from Current address Other location (specify):

Non Temporary Storage (NTS): You may be authorized to store HHG in lieu of transportation during overseas tour.

I will ship some of my HHG to NTS Yes No Not applicable

I currently have HHG in Government funded NTS. Yes No

If yes, NTS location (City/State):

Remarks:

Part E - Shipment of Privately Owned Vehicle (POV)

POV transportation allowance is discretionary and may or may not be approved by command and is subject to Japanese embargo or waiver requirements.

Do you request POV shipment?

Yes No

POV Year, Make, Model:

Remarks:

Part F - Lease Penalty Expense (apartment/condominium)

Lease Penalty Expense is discretionary and may or may not be approved by command. Must submit a copy of your lease agreement.

Do you request reimbursement of Lease Penalty?

Yes No

How much is the current monthly Rent fee?

Remarks:

Employee Certification

- a. I certify that the information provided in this request is correct.
- b. I certify that the family member(s) listed is a member of my household at the time I report for duty at new duty station and that they meet the definition of dependents as described in JTR (see note#6).

Employee's Signature

Date

----- FOR COMMAND USE ONLY -----

Name of Employee (Last, First, Middle):

DISCRETIONARY RELOCATION ALLOWANCES

▪ POV shipment	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	<input type="checkbox"/> Not applicable
▪ Lease Penalty Expense	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	<input type="checkbox"/> Not applicable

FUND APPROVING OFFICIAL

Immediate Supervisor:	Signature/Date:
Comptroller:	Signature/Date:
Commanding Officer or Admin Officer:	Signature/Date:

FUND CERTIFICATION

Type	LOA	Estimated Cost
TVL		\$
PD		\$
HHG/UB		\$
NTS		\$
MISC		\$
TQSA		\$
SALADV		\$
RITA		\$
FTA (Pre-departure Subsistence)		\$
FTA (Misc for new to Federal)		\$
FTA (Lease Penalty)		\$
POV		\$
		\$
TOTAL		\$
TAC#	CIC#	ORDER#

Remarks: