

TEMADD TRAVEL REQUEST FASOTRAGRUPAC (40) 1320/31 (REV. JUNE, 2004)

TRAVELERS INFORMATION

1. FROM: <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3 <input type="checkbox"/> OTHER: _____		2. <input type="checkbox"/> NO COST ORDERS <input type="checkbox"/> COST ORDERS <input type="checkbox"/> OTHER FUNDING TRAVEL (MTTS)	
3. NAME: _____		4. RANK / RATE: _____	
5. SSN: _____			
6. DO YOU HAVE A GOVT CREDIT CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO		7. DO YOU NEED A TRAVEL ADVANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
6a. IF YES, DO YOU PLAN TO USE IT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, ATTACH A TRAVEL ADVANCE REQUEST FORM WITH TMAD REQUEST	
8. HOME ADDRESS: _____		9. DESIRED DEPARTURE: DATE (MO / DA / YEAR) TIME _____	
		10. DESIRED RETURN: (MO / DA / YEAR) TIME _____	
11. DO YOU PLAN TO TAKE LEAVE / LIBERTY IN CONJUNCTION WITH TAD? <input type="checkbox"/> YES <input type="checkbox"/> NO		12. LEAVE / LIBERTY LOCATION: _____	
11a. IF YES, GIVE DATES OF INTENDED LEAVE / LIBERTY: _____			
START DATE (MO / DATE / YEAR) _____		START TIME (HOUR / DATE / YEAR) _____	
END DATE (MO / DATE / YEAR) _____		END TIME _____	
13. LOCATION OF TEMADD: _____		13a. ONBOARD MILITARY INSTALLATION ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. REASON / JUSTIFICATION OF TEMADD: _____			
15. DESIRED MODE OF TRAVEL: <input type="checkbox"/> COMM AIR <input type="checkbox"/> WINDOW <input type="checkbox"/> AISLE <input type="checkbox"/> GOV'T AIR <input type="checkbox"/> POV <input type="checkbox"/> GOV'T VEHICLE			
<input type="checkbox"/> RENTALCAR <input type="checkbox"/> COMPACT <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> FULL <input type="checkbox"/> PREMIUM <input type="checkbox"/> SPECIAL			
16. CONFERENCE FEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MUCH (\$00.00) (INCLUDE COPY OF MESSAGE) _____			
17. IS MESSING AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO 17a. IF YES: <input type="checkbox"/> ALL MEALS (GMR) <input type="checkbox"/> ONE MEAL (PMR) <input type="checkbox"/> NO MEALS (CMR)			

FOR SURVIVAL INSTRUCTORS ONLY

18. TRAVELS UNDER FIELD CONDITIONS (JFTR U4102L)? <input type="checkbox"/> YES <input type="checkbox"/> NO		18a. LIST DATES: 0001 _____ -2400 _____ (Date:) (Date:)		19. TRAVELS UNDER MESSING ESSENTIAL (JFTR U4102L)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
20. IS THIS TRIP AN UNFUNDED REQUIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		21. IS THIS TRIP ON THE QTRLY BUDGET? <input type="checkbox"/> YES <input type="checkbox"/> NO		22. IS THIS TRIP TRADED FOR ANOTHER TRIP ON THE QTRLY BUDGET? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				23. IF YES WHICH ONE? _____	

TRANSPORTATION ARRANGEMENT

24. IS BEQ / BOQ CONFIRMED? <input type="checkbox"/> YES <input type="checkbox"/> NO		25. CONFIRMATION NUMBER _____		26. COST PER NIGHT: \$ _____		27. POC, COMML & DSN PHONE # _____	
28. RESERVATIONS MADE THROUGH SATO? <input type="checkbox"/> YES <input type="checkbox"/> NO		26a. SABRE # _____		SATO NORTH ISLAND (619) 435-1837		SATO SAN ANTONIO 1-800-576-9327	
29. BQ/ COMMERCIAL ROOMS SET ASIDE BY HOSTING ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		29.a. REMARKS: _____		30. NALO MSG RELEASED?: <input type="checkbox"/> YES <input type="checkbox"/> NO		DTG: _____	
31. REMARKS: _____				32. OIC / DEPARTMENT HEAD SIGNATURE: _____ (Signature:) (Date:)			

TO BE COMPLETED BY TRAVEL OFFICE

33. GTR / MTA COST: _____		34. TRANSPORTATION COST: _____		35. PER DIEM COST: _____		36. MISCELLANEOUS COST: _____		37. TOTAL COST: _____		38. TANGO NR: _____	
FROM: AO / XO / CO FASOTRAGRUPAC -----> TO: <input type="checkbox"/> N-1 <input type="checkbox"/> N-2 <input type="checkbox"/> N-3 <input type="checkbox"/> OTHER _____											
REMARKS: _____ (Signature:) (Date:)											