

	Name:	Rank:	SSN:	Unit:
1	Address:	City/St:	Zip:	
	Home Phone:	Work Phone:		
	Orders: (circle): FY 03 FY 04 FY 05 [] ADSW supporting ACDU Unit		[] ADSW supporting Res Unit	
	[] AT Split: [] 1st Half [] 2d Half		[] PME School [] Other School	
	[] 27A0 Site Staff: [] Conference [] Site Visit [] School [] Exercise Support			
2	Field Duty:	Start Date: _____	End Date: _____	
	Are Drills ICW Orders Auth (Must be performed after ACDU)? (Drills may not be performed in a travel status)		[] Yes [] No	
	Start Date:	End Date:	Total Drills:	
3	Period of Duty:	Start: _____	End: _____	Number of Days: _____
	Duty Location:	Unit: _____	RUC/MCC: _____	
	City/State/Zip:	_____		
	POC Name:	_____		
	Reporting Information:	[] Reporting	[] Non-Reporting	Date: _____ Time: _____
4	Purpose (Name of School, Conference, Exercise):			
5	Authorized Expenses: [] Pay & Allowances [] Perdiem [] Travel [] Rental Car			
6	Travel:	[] POV Advantageous to the Gov	[] POV Not Advantageous to the Gov	
		[] Govt Transportaton:	[] Air	[] Ground ULN _____
		[] Commercial Transportation	[] Air	[] Ground
7	Instructions for TMO:	Dep (airport): _____	NET/NLT: _____ / _____	
		Arv (airport): _____	NET/NLT: _____ / _____	
		Dep (airport): _____	NET/NLT: _____ / _____	
		Arv (airport): _____	NET/NLT: _____ / _____	
	[] Rental Car	(circle) Compact Mid-size Full Van	Passengers: _____	
	Is the Traveller authorized to purchase commercial ticket from MFR from Commercial ticket Office?			
	[] No	[] Yes, not to exceed cost of GTR	[] Yes, to receive actual reimbursement	
8	Special Provisions:			
	Auth to Vary Itinerary?	[] Yes [] No	Is Dual Lodging Auth?	[] Yes [] No
	Is In & Around Mileage Auth?	[] Yes [] No	Is member a passenger in a POV?	[] Yes [] No
	Is Mixed Mode of Travel Auth?	[] Yes [] No	Are Long Distance Calls Auth?	[] Yes [] No
	Auth to carry firearms?	[] Yes [] No	Duty in a Combat Zone?	[] Yes [] No
	Does Marine live within corporate city limits?			[] Yes [] No
	Does Marine live within commuting distance of duty location?			[] Yes [] No
	Will the Marine Commute vice stay in Billeting?			[] Yes [] No
	Special Duty pay for this period	[] Yes No	Type:	_____
	Excess baggage Auth?	[] Yes No	Number of Bags:	_____
	Reimburseable Conference Fees?	[] Yes No	Amount:	_____
9	[] Available, but not directed	[] Available at cost of \$ _____	[] Not Available. Commercial lodging cost \$ _____	[] Available and directed
	[] Available at no cost	[] Available and directed	Not available	

10	Is Marine Reporting to: <input type="checkbox"/> SIA <input type="checkbox"/> Theater <input type="checkbox"/> Neither <input type="checkbox"/> Combat Zone Will these orders be for further assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No Does member have current Anti-terrorist Force Protection Training? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Location: _____ _____	
11	Passport Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Security Clearance Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Clearance Held? <input type="checkbox"/> None <input type="checkbox"/> Secret <input type="checkbox"/> TS <input type="checkbox"/> SCI Site Sec Mgr/Asst: _____ Name: (print) _____ Signature: _____ Date: _____	Country Clearance Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Level required? <input type="checkbox"/> Secret <input type="checkbox"/> TS <input type="checkbox"/> SCI Date Granted: _____	Area Clearance Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
12	Medical: _____ Date of last Physical: _____ Date of last HIV: _____ Dental Class: _____ (Must be signed by Corpsman) Shots required (list or put none): _____ Name (print): _____ Signature: _____ Date: _____		
13	Member's Signature: _____ Date: _____		
14	COMMAND APPROVAL: (I MACE) Dept Head or HQSCVCo CO's Endo (Other units) CO or XO's Endo (REVIEW ENTIRE FORM BEFORE SIGNING) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Name (print): _____ Signature: _____ Date: _____		
TURN IN TO SITE PERSONNEL OFFICER AT THIS TIME			
15	Gov Travel Charge Card Does Member have a GTCC: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, select reason: <input type="checkbox"/> Non Frequent Traveler (less than 2 trips per yr) <input type="checkbox"/> Applied, not received <input type="checkbox"/> Waiver (must have pg 11 entry) APC/Asst APC Name (print): _____ Signature: _____ Date: _____	If yes, is the card Active: <input type="checkbox"/> Yes <input type="checkbox"/> No	
16	Pay & Allowances (Calculate P & A only if ADSW): Base \$ _____ + BAS \$ _____ + BAH \$ _____ = Total P/A: \$ _____ Per Diem: Lodging per Day \$ _____ + M&IE per Day \$ _____ x _____ Days = \$ _____ Conference fees \$ _____ Total Per diem: \$ _____ Travel: POV Milage R/T to Duty Station/Airport: _____ X .365 = \$ _____ Commercial Ticket \$ _____ Total travel: \$ _____ Misc Costs: Rental Cars \$ _____ Total cost of orders: \$ _____		
17	TEEP Event: <input type="checkbox"/> Yes <input type="checkbox"/> No Code: _____ (Activity Code in ROWS is Teep Code) TEEP Officer's Signature: _____ Date: _____		
18	Fiscal Officer Only Travel or Per Diem be paid by another agency? <input type="checkbox"/> Yes (If yes, attach Documentation) <input type="checkbox"/> No Name of Agency: _____ POC Name: _____ Phone: _____ Approved Source of Funds (PID): _____ Work Center: _____ Fiscal O (Print): _____ Signature: _____ Date: _____		
19	Site Commander's Authorization: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Name (print): _____ Signature: _____ Date: _____		