

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <i>(Reference: Joint Travel Regulations)</i> Travel Authorized as Indicated in Items 2 through 21.				1. DATE OF REQUEST  XX JAN 99	
<b>REQUEST FOR OFFICIAL TRAVEL</b>					
2. NAME (Last, First, Middle Initial) DOE, Jane, Spouse (CONTINUED ON REVERSE)			3. POSITION TITLE AND GRADE OR RATING N/A		
4. OFFICIAL STATION Embassy Kartuna			5. ORGANIZATIONAL ELEMENT N/A		6. PHONE NO. 123-4567-8910
7. TYPE OF ORDERS EVACUATION		8. SECURITY CLEARANCE N/A		9. PURPOSE OF TDY Authorized/Ordered Departure	
10. a. APPROX. NO. OF DAYS OF TDY (Including travel time) NTE 180 days		PROCEED OIA (Date) <b>A</b> XX JAN 99			
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED FROM: Kartuna TO: San Diego, CA RETURN TO: Kartuna					
12. MODE OF TRANSPORTATION					
COMMERCIAL		GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR	BUS	SHIP	AIR	VEHICLE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)				RATE PER MILE: <input type="checkbox"/> MORE ADVANTAGEDOUS TO GOVERNMENT <input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)					
14. ESTIMATED COST				15. ADVANCE AUTHORIZED	
PER DIEM	TRAVEL	OTHER	TOTAL		
\$ XX,XXX.XX	\$ XX,XXX.XX	\$	\$ XX,XXX.XX	\$ XX,XXX.XX	
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.) SUBMIT TRAVEL VOUCHER WITHIN 5 WORKDAYS AFTER COMPLETION OF TRAVEL. Vocal order of the United States Ambassador to Kartuna. Dependents are authorized departure to CONUS (or other location as advised by State) as the safehaven under the provisions of the JFTR, Chapter 6 and State Department regulations. Departure is to be for a period not to exceed 30 days, but may be extended at the determination of the Department of State, for no more than 180 days and return when authorized by Department of State. For military dependents continue, "full per diem is authorized for 30 days IAW the JFTR. After 30 days the per diem rate will be at 60 percent unless an extension is approved."  (CONTINUED ON REVERSE)					
17. REQUESTING OFFICIAL (Title and signature) SAME AS ITEM 18.			18. APPROVING OFFICIAL (Title and signature) JAMES SMITH, TSgt, USAF		
<b>AUTHORIZATION</b>					
19. ACCOUNTING CITATION  USE SERVICE SPECIFIC SITE					
20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION  JOSEPH BROWN, CMSgt, USAF, Operations Coordinator				21. DATE ISSUED XX JAN 99	
				22. TRAVEL ORDER NUMBER OXX-XX	

ITEM 2 (CONTINUED)

DOE, Matthew, XXX-XX-XXXX, SON, DOB 10 NOV 85  
DOE, Judy, XXX-XX-XXXX, DAU, DOB: 13 JUN 94

ITEM 16 (CONTINUED)

MILITARY DEPENDENTS WHO RETURN TO CONUS OR THOSE WHO ARE RESTRICTED FROM ENTERING THE ENDANGERED AREA BY A STOP MOVEMENT ORDER SHOULD CONTACT THE RESPECTIVE SERVICE/DOD AGENCY POINT OF CONTACT:

- (1) ARMY - FORSCOM DEPENDENTS SPT: 1-800-851-7607
- (2) NAVY - NAVY PERSONNEL COMMAND: 1-888-227-3832
- (3) AIR FORCE - AF PERSONNEL CENTER: 1-800-435-9941
- (4) MARINE CORPS: QUANTICO MCB: 1-800-336-4663
- (5) JOINT RECEPTION COORDINATION CENTER: 1-888-825-4880

THESE NUMBERS MAY OR MAY NOT BE MANNED 24 HOURS A DAY. DEPENDENTS SHOULD LEAVE THEIR NAME, A SHORT MESSAGE AND A PHONE NUMBER WHERE THEY CAN BE REACHED. A SERVICE REPRESENTATIVE WILL RESPOND AS SOON AS POSSIBLE. UPON REACHING THEIR FINAL SAFEHAVEN DESTINATION, ALL EVACUEES SHOULD CONTACT THEIR RESPECTIVE POC ABOVE AND MAINTAIN THAT CONTACT THROUGHOUT THE SAFEHAVEN PERIOD.