



FOUO When Filled In

Request for Travel Orders



Privacy Act Statement

Authority: 5 U.S.C., Subpart D, Chapter 57, Subchapters I, II; JTR App I, DSSR; and E.O. 9397 (SSN).

Principal Purpose(s): Used to determine eligibility for payment of travel and transportation expenses.

Routine Uses(s): None

Disclosure: Voluntary; however; failure to provide the requested information may make it impossible to determine your eligibility for travel and transportation entitlements; resulting in a default "ineligible" determination.

The information you provide in this questionnaire will be used to determine your eligibility for travel and transportation entitlements.

INSTRUCTIONS: Employee/Applicant to complete Sections A through N, as applicable.

SECTION A: Type of Travel Order Requested

- Permanent Change of Station (PCS) First Duty Station Exercise Return Rights PPP Offer
- Renewal Agreement Travel (RAT) (NOTE: requires approved leave request)
- Return from Overseas for Separation (includes Retirement) (NOTE: Requires confirmed Retirement date from ABC-C)
- Student Education Travel
- Early Return of Dependents (within original tour; justification/waiver required)

SECTION B: Employee Information

Name (as shown on passport):

SSN: DOB:

Personal Email: Home/Cell Phone:

Work Email: Work Phone:

Current Residence Address:

Government Travel Card (for current Federal employees only): Yes No

Current Passport: Yes No Passport Number:

DA Form 1617 or 1618 (Return to CONUS) signed: Yes Signature Date: No

I was provided information concerning Withholding Tax Allowance (WTA): Yes No

I select the following: Withholding Tax Allowance (WTA): Yes No

SECTION C: Current Position Information (to be completed by Federal employees only)

NOT A CURRENT FEDERAL EMPLOYEE

Current Pay Plan/Series/Grade: Current Position Title:
Current Organization: Zip Code/APO:
Retirement Plan Code (*insert retirement code from Block 30 of most recent SF-50*):

SECTION D: New Position Information

New Pay Plan/Series/Grade: New Position Title:
New Gaining Organization:
Zip Code/APO: Duty Location:

SECTION E: Place of Hire/Home of Record (Last CONUS residence)

CONUS Address:

SECTION F: Alternate Destination of Travel

Alternate Destination Address:

SECTION G: Employee's Travel Departure Date

SECTION H: Entrance of Duty Date at New Duty Station

SECTION I: Effective Date of Resignation

SECTION J: Other Shipment/Expense Information

Shipment of Privately Owned Vehicle): Yes No

If yes, from which port?

Port should be the one nearest your actual residence

Year / Make / Model:

VIN:

Shipment of Household Goods (HHG): Yes No

Shipment of Non-Temporary Storage (NTS): Yes No

Shipment of Privately Owned Firearms: Yes No

SECTION K: Other Shipment/Expense Information

Salary Advance-Pay Request: (if authorized) Yes No

Leave En-route Requested: Yes No

Number of days Requested: Tentative Date(s) requested:

SECTION L: Family Member(s) Information

Family Member Travel Requested: Concurrent Delayed Early Return Not Authorized

Dependent(s) Name (as shown on passport) <i>Last, First, MI</i>	Relationship	DOB (YYYYMMDD)	Passport Number	Travel To (City/State)	Departure Date (YYYYMMDD)

NOTE: Attach copy of marriage certificate, birth certificate(s) other legal documents (custody, etc....)

SECTION M: Student Travel

Student Travel: One-way Originating in: CONUS or Overseas

Student Name: Relationship: DOB:

Student Passport Number: Expiration Date:

Student Travel location: From (YYYYMMDD) to (YYYYMMDD)

Note 1: Attach copy of school verification, e.g., letter from an accredited school/college verifying full-time enrollment.

Note 2: Student must have in his/her possession a valid passport (with visa, if required).

Anniversary Date:

- This order begins the annual Round Trip
- This order completes the annual Round Trip
- This order constitutes the last travel under Student Travel

Unaccompanied Baggage: Yes No → Shipment or Storage

SECTION N: Employee Certification

The information provided in this request is true and correct to the best of my knowledge. I understand that if I provide false information I will be required to reimburse the Government for any amount I may have received; that I will be subject to disciplinary action that my result in termination of my employment; and that I may be subject to criminal action. I understand that eligibility determinations cannot be made on incomplete information and/or documentation.

(Employee's Signature)

(Date)

SECTION O: Supervisor Approval

(Supervisors Printed Name and Signature)

(Date)