

Evacuation DD 1610 Instructions. Ensure you are using the DD 1610 dated May 2003

Applicable for: Civilians employees not on TDY Orders and their dependents; Military dependents
Soldiers will complete their authorizations / orders separately in DTS.

***Mileage reimbursement limited to location identified in Evacuation Order.**

Per Diem and lodging based on actual safe haven location. If location other than safe haven location, reimbursement not to exceed the lesser of (1) locality rate or (2) Safe Haven location.

1. Date you are filling out the form.
2. Last name, First name, Middle Initial. (Civilian Employee not on TDY orders, Eldest military dependent or Eldest Civilian dependent if Civilian employee is on TDY orders)
3. Dependent SSN (should be the SSN of the individual named in block #2)
4. DEP for (Dependent) or CIV for (Civilian Employee not on TDY orders)
5. PDS
6. Organization
7. Phone # (Personal Cell or Home)
8. Evacuation
9. Evacuation
- 10a Number of days evacuation is anticipated
- 10b Date you began the evacuation/travel. This date cannot be earlier than date evacuation was ordered.
11. Fill in the Departure location on the Top line i.e. Home address, depending on the location you departed from. For the 2nd Line fill in the ordered Safe Haven location. On the 3rd line put your return to location AKA Home address.
12. Fill in the Transportation mode Other
13. Leave blank
14. Estimated Cost: Leave blank
15. Leave this block blank
16. Purpose needs to state Evacuation.
 - ✓ Sample- Purpose of TDY is due to mandatory evacuation due to "Event". Traveler is exempt from mandatory use of Government Travel Card. Reimbursement for Lodging, mileage (if incurred) and per diem is authorized. Alternate means of communication (i.e. Secure Video Teleconference (SVTC) or other web-based communication) is not adequate to accomplish mission objective, therefore, Temporary Duty (TDY) travel is required. Submit the FINAL voucher (DD Form 1351-2) with this authorization within 5 business days of the termination of your eligibility for Safe Haven. All required receipts must be attached to this authorization/voucher.

*Box 16 must contain Sponsors Name, SSN, and Rank and list the following information for all dependents to include claimant: Name, Date of Birth or Date of Marriage, and Relationship

17. Needs to be signed by travel requesting official
 18. Designated unit approver will sign this block.
 19. Fill in the accounting citation:
Refer to JTR
 20. Fill in the information of the authorizing/order issuing official
 21. Fill in the date issued/todays date.
 22. Travel Authorization Number
- *Use the Continuation form to list additional dependents.