

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <i>(Reference: Joint Travel Regulations (JTR), Chapter 3)</i> <i>(Read Privacy Act Statement on back before completing form.)</i>							1. DATE OF REQUEST (YYYYMMDD)
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial)			3. SOCIAL SECURITY NUMBER			4. POSITION TITLE AND GRADE/RATING	
5. LOCATION OF PERMANENT DUTY STATION (PDS)				6. ORGANIZATIONAL ELEMENT		7. DUTY PHONE NUMBER <i>(Include Area Code)</i>	
8. TYPE OF AUTHORIZATION		9. TDY PURPOSE (See JTR, Appendix H) COVID-19- AT/TDY or Isolation		10a. APPROX. NO. OF TDY DAYS <i>(Including travel time)</i>		b. PROCEED DATE (YYYYMMDD)	
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED PCS ORDER NUMBER: DATE OF ORDER: DEPARTING (OLD) PERMANENT DUTY STATION:							
12. TRANSPORTATION MODE							
a. COMMERCIAL				b. GOVERNMENT			c. LOCAL TRANSPORTATION
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	CAR RENTAL
							TAXI
							OTHER
							PRIVATELY OWNED CONVEYANCE <i>(Check one)</i>
							RATE PER MILE: _____
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER <i>(Overseas Travel only)</i>							<input type="checkbox"/> ADVANTAGEOUS TO THE GOVERNMENT MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTED COST OF COMMON CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR
13.		a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.			b. OTHER RATE OF PER DIEM <i>(Specify)</i>		
14. ESTIMATED COST							15. ADVANCE AUTHORIZED
a. PER DIEM		b. TRAVEL		c. OTHER		d. TOTAL	
\$		\$		\$		\$ 0.00	\$
16. REMARKS <i>(Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)</i> SELECT APPLICABLE STATEMENT: Awaiting Transportation (AT); Permanent Duty Station (PDS); TDY 1. ___ SOLDIER AND/OR DEPENDENTS WERE PLACED ON TDY/AT FOR THE PERIOD OF _____ TO _____ DUE TO DELAY AT AERIAL PORT OF ENTRY (APOE) DUE TO STOP MOVEMENT- COVID-19. LODGING/MEALS AVAIL: ___ YES ___ NO 2. ___ SOLDIER AND/OR DEPENDENTS WERE PLACED ON TDY/AT FOR THE PERIOD OF _____ TO _____ DUE TO DELAY AT DEPARTING PDS DUE TO STOP MOVEMENT - COVID-19. LODGING/MEALS AVAIL: ___ YES ___ NO 3. <input checked="" type="checkbox"/> SOLDIER AND/OR DEPENDENTS WERE PLACED ON TDY/AT OR THE PERIOD OF 03/11/20 TO 04/10/20 DUE TO DELAY AT ALT LOC Ft. Bragg DUE TO STOP MOVEMENT-COVID-19. LODGING/MEALS AVAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. ___ SOLDIER AND/OR DEPENDENTS WERE ORDERED ON SELF ISOLATION AT _____ (LOCATION) FOR THE PERIOD FROM _____ TO _____. DUE TO -COVID-19. 5. ___ SOLDIER AND/OR DEPENDENTS WERE PLACED ON TDY/AT FOR THE PERIOD OF _____ TO _____ DUE TO DELAY AT AERIAL PORT OF EMBARKATION/DEBARKATION (APOE/APOD) DUE TO STOP MOVEMENT- COVID-19. LODGING/MEALS AVAIL: ___ YES ___ NO							
17. TRAVEL-REQUESTING OFFICIAL <i>(Title and signature)</i>				18. TRAVEL-APPROVING/DIRECTING OFFICIAL <i>(Title and signature)</i>			
AUTHORIZATION							
19. ACCOUNTING CITATION LEAVE BLANK. USE DD 1610 AS A SUPPORTING DOCUMENT TO AUTHORIZE THE PCS TRAVEL PER DIEM PAYMENT HQDA WILL PROVIDE THE PCS TRAVEL CLAIM PAYING OFFICE WITH A COVID-19 MPA LOA TO COVER ANY AT/TDY EXPENSES ASSOCIATED WITH COVID-19 DURING THE SOLDEIR'S PCS							
20. AUTHORIZING/ORDER-ISSUING OFFICIAL <i>(Title and signature)</i>						21. DATE ISSUED (YYYYMMDD)	
						22. TRAVEL AUTHORIZATION NUMBER	

PRIVACY ACT STATEMENT

(5 U.S.C. 552a)

AUTHORITY: 5 U.S.C. §§5701, 5702, and E.O. 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, and accounting for official travel. SSN is used to maintain a numerical identification system for individual travelers.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may delay or preclude timely authorization of travel request.

16. REMARKS *(Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)*