

TAD REQUEST

NAME (LAST, FIRST, MI)		RANK		SSN/MOS	
HOME ADDRESS: _____					
HOME PHONE # () _____		WORK PHONE # () _____		CELL PHONE # () _____	
FIP FA WC EC <u>OCSOC</u> CAC BRC 21X0			MODE OF TRAVEL GTR FLIGHT POV GOVN TRANS <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		
COMPTROLLER POC: _____ EXT: _____					
INCLUSIVE DATES OF TAD: _____ TO _____		CLEARANCE REQUIRED: _____ IS SNM A GTCC HOLDER: YES <input type="radio"/> NO <input type="radio"/> IF NOT IS ADV REQD? YES <input type="radio"/> NO <input type="radio"/> IS SNM MOBILIZED? YES <input type="radio"/> NO <input type="radio"/> IF YES ATTACH A COPY OF MROWS ORDER WITH THIS REQUEST.			TOTAL #DAYS: _____
PURPOSE OF DUTY/SITE VISIT JUSTIFICATION: _____ _____ _____					
SPECIAL PROVISIONS <input type="checkbox"/> REPORTING ORDERS <input type="checkbox"/> NON-REPORTING ORDERS <input type="checkbox"/> POV OWN CONVENIENCE REQ MILEAGE: _____ (ROUND TRIP) <input type="checkbox"/> RENTAL CAR <input type="radio"/> COMPACT <input type="radio"/> INTER <input type="radio"/> FULL <input type="checkbox"/> TRANSPORTATION WILL BE PROVIDED AT TDY SITE <input type="radio"/> YES <input type="radio"/> NO <input type="checkbox"/> GOVT QTRS AVAIL <input type="checkbox"/> GOVT QTRS NOT AVAIL POC: _____ PER JFTR CHAP A MEMBER ORDERED TO A MILITARY INSTALLATION MUST CHECK GOVT QTRS AVAILABILITY. <input type="checkbox"/> GOVT MESS AVAIL <input type="checkbox"/> GOVT MESS NOT AVAIL <input type="checkbox"/> AUTH OFFICIAL PHONE CALLS <input type="checkbox"/> AUTH ACTUAL EXPENCE FOR LODGING AT: _____			ITINERARY: (IF MORE STOPS NEEDED CONTINUE IN JUSTIFICATION BLOCK) YYYYMMDD/CITY & STATE DAYS <div style="margin-top: 10px;"> DEPART: _____ / _____ (____) TO: _____ / _____ (____) TO: _____ / _____ (____) TO: _____ / _____ (____) ARRIVE: _____ / _____ (____) </div> <div style="margin-top: 10px;"> HOTEL/BOQ/BEQ COST PER NITE/SITE _____ MAX LODGING: \$ _____ M&IE: \$ _____ PROVIDE GTR FLIGHT COST FROM RAVANELL: \$ _____ </div>		
RETURN REQUEST TO ADMIN REP NAME: _____ EXT: _____ WORK SECTION: _____					
E-MAIL: _____					
PRINTED NAME & SIGNATURE OF ORDER AUTHORIZING OFFICER OF SNM/SNO: _____ DATE: _____ <small>(BY SIGNING ABOVE, THE INDIVIDUAL CERTIFIES THAT THIS TRIP IS STRICTLY FOR OFFICIAL BUSINESS OF THE U.S. GOVERNMENT, THAT THE ARRANGEMENTS AS INDICATED MEET THE REQUIREMENTS OF THE JFTR, AND ARE A JUDICIOUS UTILIZATION OF OFFICIAL GOVERNMENT FUNDS, AND OBLIGATION OF THESE FUNDS WILL NOT EXCEED THE AVAILABLE BALANCE OF TAD FUNDS FOR THE SECTION.)</small>					
PRINTED NAME & SIGNATURE OF ORDER AUTHORIZING OFFICER FROM G-1 SOURCING FOR IA: _____ EXT: _____					
IPAC ACTIVE MAINTENANCE ADMIN CHIEF: _____ DATE: _____					
COMMENTS: _____ _____ _____ _____					OPC RECEIVED BY: _____
TAD REQUEST MUST BE SUBMITTED TO OPC NO LESS THAN FIVE DAYS PRIOR TO DEPARTURE. IF ADVANCE REQD REQUEST MUST BE SUBMITTED NO LATER THAN 10 DAYS PRIOR TO DEPARTURE.					