

TDY TRAVEL REQUEST WORKSHEET

SSN	Name <i>(Last, First, MI)</i>	
GRADE/RATE	DIV/BRANCH	OFFICE PHONE NUMBER

PURPOSE: To request TDY Travel Orders and desired advances. If you have any questions, **CONTACT YOUR UNIT ADMIN OFFICE.**

PRIVACY ACT STATEMENT: IAW 5 USC Sec. 522a(e)(3), the following is provided when supplying personal information to the U.S. Coast Guard:

- ◆ **Authority** - 10 USC Section 2771.
- ◆ **Principal Purpose** - Used to indicate member's intentions during TDY travel.
- ◆ **Routine Uses** - Same.
- ◆ **Disclosure** - Disclosure of this information is voluntary, but without disclosure member may not receive advances.

*******ATTACH A COPY OF AUTHORITY FOR TDY*******

ATTN: TDY for Advanced or Specialized Training requires that a member meet the obligated service requirement as expressed by Section 2.B.1.a.(4) of the Training & Education Manual (COMDTINST M1500.10B).

Do you meet the obligated service requirements for these orders? *(Check One)* YES NO

Enter Travel Order Number (TONO) and accounting data:

Tono:

Acct data: / / / / / / / /

Project Number:

DEPARTURE DATE: RETURN DATE: EST. DAYS ABSENT:

DESTINATION:

PURPOSE OF TDY (specify type of training or meeting):

I request leave.

Date to begin LV

Enter LV amount

LEAVE ADDRESS	PHONE#

Traveler's Mode of Transportation:

- GOVERNMENT CONVEYANCE
- PRIVATELY OWNED VEHICLE (POV)
- COMMERCIAL AIR: PRICE OF TICKET \$
- GOVERNMENT PROCURED TRANSPORTATION
- RENTAL CAR: PRICE OF RENTAL CAR \$

REQUEST FOR ADVANCES	YES	NO
DO YOU HAVE A GOVERNMENT CHARGE CARD?	<input type="checkbox"/>	<input type="checkbox"/>
IS GOVERNMENT QUARTERS USE DIRECTED?	<input type="checkbox"/>	<input type="checkbox"/>
IS GOVERNMENT MESSING USE DIRECTED?	<input type="checkbox"/>	<input type="checkbox"/>
WOULD YOU LIKE ADVANCE PER DIEM? (IF YES, AMOUNT \$ _____)	<input type="checkbox"/>	<input type="checkbox"/>

MEMBER'S COMMENTS:

DATE	MEMBER'S SIGNATURE
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SUPERVISOR'S COMMENTS:

DATE	SUPERVISOR'S SIGNATURE (Does member meet weight requirements IAW COMDTINST M1020.8(Series) <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, refer to COMDTINST M1020.8 for guidance)
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DATE	SIGNATURE OF FUNDS APPROVING OFFICIAL (if applicable)
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DATE	APPROVING OFFICIAL'S SIGNATURE
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For PERSRU/Unit Administration Use Only

a. Lodging Rate: \$ _____	b. M&IE Rate: \$ _____
c. Days TDY: _____	d. Total Per Diem Cost: (a+b)c \$ _____
e. Airfare: \$ _____	f. Rental Car or Local Travel: \$ _____
	g. Total: \$ _____

Orders completed. Date _____

Leave (if requested) recorded on CG-2519. Date _____

Initials: _____