

JAD IMA REQUEST FOR ORDERS

NAME/RANK:

EDIPI:

HOME ADDRESS (STREET, CITY, STATE):

EMAIL:

HOME TRAINING CENTER:

GOVT TRAVEL CARD Y/N?

TYPE OF ORDERS:

START DATE (YYYYMMDD):

REPORT NO LATER THAN DATE/TIME:

END DATE (YYMMDD):

REPORT TO(BILLET):

UNIT OR ORGANIZATION:

ADDRESS (STREET, CITY, STATE):

REASON/MISSION (5W'S):

BILLETING:

BILLETING COST:

MEALS:

*RENTAL CAR (Y/N):

**MODE OF TRAVEL (AIR, POV, BUS):

PRIMARY POC:

ALTERNATE POC:

NAME:

NAME:

EMAIL:

EMAIL:

PHONE:

PHONE:

COMMENTS:

- FOR IDT ORDERS, YOU ARE LIMITED TO REIMBURSEMENT OF THE DIFFERENCE BETWEEN PRIMARY RESIDENCE TO HTC, AND HTC TO OFF-SITE DRILL LOCATION.

- PAY/TRAVEL ENTITLEMENTS ARE BASED OFF OF PRIMARY RESIDENCY. IF YOU DO NOT HAVE A PRIMARY RESIDENCE LISTED IN MCTFS, YOU ARE SUBJECT TO NO PAY OR TRAVEL ENTITLEMENTS.

*IF RENTAL CAR IS REQUIRED FILL OUT TRAVEL REQUEST FORM.

**IF MOD OF TRAVEL IS ANYTHING OTHER THAN POV FILL OUT TRAVEL REQUEST FORM.