

VMR-1 TEMPORARY ADDITIONAL DUTY REQUEST FORM

From: Department Head, _____ / Date of request: _____
 To: Commanding Officer, Marine Transport Squadron One
 Via: Fiscal Officer

TYPE OF TAD

: Fully Funded TAD by Outside VMR-1
: Non-Funded TAD (VMR-1 TAD Funds)
: Permissive TAD (PTAD)

MISSION INFORMATION

Conference <input type="checkbox"/>	School <input type="checkbox"/>	Det. <input type="checkbox"/>	Mission Name:
Conference Fee if needed <input type="checkbox"/> \$		Location/Itinerary:	

Number of Days:	Report Date:	Return Date:
-----------------	--------------	--------------

PERSONNEL INFORMATION

For multiple names attach a roster with the information required below. Security clearance information will be provided only if it is required. All E6's and above are considered to be Frequent Travelers and should have a government credit card in their possession.

Name:	Rank:	SSN/MOS:
Type Investigation/Date:	Security Clearance:	Frequent Traveler: Yes No

TRAVEL/MESSING/BILLETING INFORMATION

The senior personnel are responsible for making airline, billeting, and rental car reservations. Confirmation numbers will be provided to S-1 prior to the orders being prepared. Normally only E6's and above will be authorized a rental car if needed or be authorized to travel via POV.

MODE OF TRAVEL TO TAD SITE

: Government Transportation Request GTR Cost of Ticket?	Conversation Number:
: POV- Not to exceed the cost of GTR	
: Rental Car	
: Government Vehicle	

BILLETING

: Government quarters directed if available. (If quarters are not available, you must obtain a statement of non-availability).	
: Government quarters not directed, as it would adversely affect the performance of the mission. (State reason why is would affect the mission.	
BEQ/BOQ Available? Yes No	Hotel Name/Location:
Nightly rate:	Confirmation Number:

RENTAL CAR

Company Name:	Daily Rate:	Confirmation Number:
---------------	-------------	----------------------

Itinerary: Depart from: _____
 Stopping at: _____ # of days: _____

NOTES

If TAD is being funded by an activity other than VMR-1, you must attach a copy of the message or authority providing the funding data to this request. If leave is being taken in conjunction with this period of TAD, you must attach a signed and approved leave request to this request. If this period of TAD is more than 30 days in duration it is considered TAD excess. You must check out with your squadron and pro & con marks/fitness reports must be completed.

Remark's:

TAD APPROVAL

Senior requester	Signature: _____	Date: _____
Dept. Head	Signature: _____	Date: _____
Operations/TRNG	Signature: _____	Date: _____
S-1, Perschf	Signature: _____	Date: _____
S-4, Fiscal	Signature: _____	Date: _____
XO	Signature: _____	Date: _____

Leave Requested in Conjunction with TAD: Yes [] No []
 Leave Address: _____
 Leave Telephone: _____
 Inclusive Dates: From: _____ To: _____ # of days: _____