Request for Travel Orders

DoDDS-Europe, Kaiserslautern District

Date:

To: _____

Traveler Information

Name: _____ SSN: _____ Position/Duty Location: _____

DSN Phone: _____ Comm. Phone: _____ Fax Number: _____

E-mail Address: _____ Level 1 Anti-Terrorism Trng Date: _____

Travel Itinerary Information

Purpose of Travel: _____

Attach supporting documentation (invitation, letter, e-mail, Red Cross message, etc.)

Destination/Location of Activity: _____

Is a substitute required? ◯ Yes ◯ No

Date Activity Begins: _____ Date Activity Ends: _____

Number of Days TDY: _____ Number of Overnights: _____

Mode of Travel (check all that apply):

◯ Air ◯ Gov't Vehicle

◯ Train ◯ Bus

◯ POV ◯ Other _____

Other Information/Special Needs:

Principal/Supervisor Statement: I have reviewed and approve this request for travel orders for a trip that appears to be over 12 hours in length.

Principal's/Supervisor's Signature

For Kaiserslautern DSO Use Only

Orders Funded By: ◯ HQ DoDEA ◯ DoDDS-Eur ◯ Kaiserslautern-DSO ◯ Other _____

☐ Reviewed/Approved by DSO ☐ Reviewed by Budget Office P-Code: _____

Print Form