J-4

TDY WORKSHEET

NAME:_____

POC AT HOME IN CASE OF EMERGENCY: _____

HOME ADDRESS & PHONE NUMBER: _____

TYPE OF ORDERS: (CIRCLE/HIGHLIGHT ONE)

ROUTINE BLANKET
ANNUAL TOUR PERMISSIVE

TRAVEL PURPOSE: (CIRCLE/HIGHLIGHT ONE)

SITE VISIT CONF. ATTENDANCE
INFORMATION MTG. ENTITLEMENT
TRNG. ATTENDANCE SPECIAL MISSION
SPEECH/PRESENTATION OTHER (SEE BELOW)

NUMBER OF DAYS FOR TDY: _____

NAME OF CONFERENCE/MEETING: _____

ITINERARY: **DATE OF DEPARTURE** _____ **TIME:** _____

DEPART FROM: CIRCLE/HIGHLIGHT ONE)

PENTAGON
HOME OF RESIDENCE

PREFERRED AIRPORT (EX.: NATIONAL, DULLES) _____

LEAVE DATES: _____

ARRIVAL DATE: _____ **TIME:** _____

ARRIVAL LOCATION (STATE/COUNTRY/CITY): _____

RETURN DATE: _____

TRAVEL MODES: SELECT AND WRITE IN PRICE OF ITEM IF KNOWN):

__CA – CMMERCIAL AUTO $___
__CB – SELF PURCHASE BUS $___
__CP – SELF PURCHASE AIR $ ___
__CR – SELF PURCHASE TRAIN $___
__CV – SELF PURCHASE VESSEL $ ___
__GA – GOVT AUTO $ _____
__GP – GOVT PLANE $ _____
__NONE – NO CLAIM $ _____
__PA – PVT AUTO – TDY $ _____
__PAL – PVT AUTO LOCAL $ _____

___PAX – GOVT AUTO PASSENGER $_____
___PP – PRIVATE PLANE $_____
___TB – GOVT PURCHASE BUS $_____
___TP – GOVT PURCHASE AIR $ _____
___TR – GOVT RAIL $ _____
___TV – GOVT PURCHASE SHIP $ _____
___1 PA – PCs 1 OCC $ _____
___2 PA – PCs 2 OCC $ _____
___3 PA – PCs 3 OCC $_____
___4 PA – PCs 4 OCC $ _____

EXPENSES/ADVANCES: (CIRCLE/HIGHTLIGHT ITEMS THAT APPLY)

CONSTRUCTED COST (IF MODE IS NOT MAG)
MESS/MEALS AVAILABLE ON INSTALLATION
MORE ADVANTAGEOUS TO GOVT (MAG)
QUARTERS AVAILABLE ON INSTALLATION
STANDARD REMARKS
ADVANCE BY AFO NOT AUTHORIZED
ANNUAL LEAVE/NON DUTY DAYS _____
OTHER EXPENSES
VERBAL ORDER (CONFIRMATORY ORDERS)
SPECIAL CONVEYANCE
ACTUAL EXPENSES
ESSENTIAL UNIT MESSING
EXCESS BAGGAGE
SECURITY BRIEFING
FIELD CONDITIONS
REGISTRATION FEES ($_____/#MEALS ___/#NITES _____)
OFFICIAL CALLS ARE AUTHORIZED FROM TDY LOCATION

HOSPITAL STAY
INACTIVE DUTY TRAINING
PERMISSIVE TDY
ADVERSE EFFECTS/COMMERICAL QTRS
FOREIGN CLEARANCE
EXTRA AIR/RAIL FARE
NOT LOWEST PRICE CONTRACT CARRIER
TRAVEL CASH ADVANCE
GROUP TRAVEL
ABOARD U.S. VESSEL
OTHER (SEE REMARKS BELOW)
VARIATIONS AUTHORIZED
GOVT PLANE IS DIRECTED
GROUP AUTHORIZATION
RENTAL CAR

NOTE: IF YOU KNOW YOU WILL INCUR ANY OF THE ABOVE EXPENSE/ADVANCES, PLEASE INDICATE THEM. PROCESS WILL BE EASIER FOR TRAVEL VOUCHERS WHEN YOU RETURN.

TICKET PICKS UP DATE: _____CONFIRMATION #: _____

AIRLINE TICKET: PAPER _____ E-TICKET: _____

CLEARANCE LETTER, JS FORM 64 REQUIRED? YES _____ NO _____
IF YES: ORG/POC/DSN FAX & WORK # _____

HAND CARRYING CLASSIFIED? YES_____ NO ____ IF YES, INITIATE JS FORM 7.
NOTE: THE TRAVELER CARRIES ORGINAL JS FORM 7.

YOUR POC AT TDY LOCATION (RANK/NAME/PHONE#):
_____

HOTEL/BILLETING PHONE NUMBER:
_____