

STATEMENT OF TOUR OF DUTY (See instructions on reverse)		ANG <input type="checkbox"/>	CBPO		
		USAFR <input type="checkbox"/>			
<p><i>AUTHORITY: 37 USC, 101 et seq; Executive Order 9397, November 1943.</i> <i>PRINCIPAL PURPOSE: To support payment for active duty performed by a member of the Air Reserve Forces (ARF).</i> <i>ROUTINE USES: This information is used to verify all active duty performed by an ARF member unless such duty is verified by a unit annual active duty training list or the member is a non-prior-service enlistee on the initial activity duty training tour. Form is used by the payroll office for submission of pay transactions to AFAPC. Social Security Number (SSN) will be used to provide positive identification.</i> <i>DISCLOSURE IS VOLUNTARY: Failure to provide this information will result in nonpayment of pay and allowances for this tour.</i> <i>Disclosure of SSN is voluntary.</i></p>					
GRADE	SOCIAL SECURITY NUMBER	NAME (Last, first, MI)			
ACTIVE DUTY STATION		AUTHORITY (Attach orders)			
HOME ADDRESS (Include ZIP code)		LOCATION OF HOME (Check one) A. <input type="checkbox"/> HOME AND ACTIVE DUTY STATION WITHIN CORPORATE LIMITS. B. <input type="checkbox"/> HOME AND ACTIVE DUTY STATION NOT WITHIN SAME CORPORATE LIMITS BUT WITHIN COMMUTING DISTANCE. C. <input type="checkbox"/> HOME AND ACTIVE DUTY STATION NOT WITHIN SAME CORPORATE LIMITS AND OUTSIDE COMMUTING DISTANCE.			
ITINERARY					
PLACE (Base, Activity, City and State; City and Country, etc.) A		LOCAL TIME (24 hour clock)			MODE OF TRAVEL (See reverse)
		HOUR B	DAY C	MONTH D	
DEPART					
ARRIVE					
DEPART					
ARRIVE					
ADDITIONAL ENTITLEMENTS OR CHANGES (Check applicable block and attach supporting documents)					
<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> BAQ (Single members)	<input type="checkbox"/> FSA II			
<input type="checkbox"/> OTHER	<input type="checkbox"/> BAS (Airmen)	<input type="checkbox"/> FOREIGN DUTY PAY (Airmen)			
MEMBER'S STATEMENT					
<p>I certify that I have complied with attached order, that the facts are just and true in all respects, and that I have not received payment. I further certify that I was/was not in receipt of a pension, a disability compensation, or retired/retainer pay from the Government of the United States and an AF Form 1962 has been filed to properly waive such compensation for the period stated in the attached orders, if applicable. I further certify that if I am a Federal employee that I was on authorized leave during the period stated in the attached orders. I (do/do not) have a spouse drawing BAQ for the above time period.</p>					
DATE	SIGNATURE OF MEMBER				
CERTIFICATION					
I certify that the above member reported for duty at _____ hours on _____ and/or was released from duty at _____ hours on _____.					
Check one if member is being released from an active duty tour of 30 days or more. <input type="checkbox"/> NO LEAVE WAS USED DURING THIS TOUR. <input type="checkbox"/> THE ABOVE MEMBER USED _____ DAYS LEAVE DURING THIS TOUR.					
REMARKS					
TYPED NAME, GRADE AND TITLE OF PERSON TO WHOM MEMBER REPORTS FOR DUTY			SIGNATURE		

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

INSTRUCTIONS TO MEMBER

Prepare AF Form 458 for all tours of active duty in original only, unless you desire a copy. Complete all items.

- Active duty station* - This is the first place shown in orders where you report either for duty or transportation to another duty station.
- Authority* - Order number, issuing headquarters, and date.
- Home address* - Your address as shown in orders and from or to which travel is performed. Select and check item A, B, or C.
- Itinerary* - Complete itinerary of travel performed.

MODE OF TRAVEL

FIRST LETTER

- | | |
|--------------------------------|---|
| 1. TRNSP REQ | T |
| 2. GOVT TRNSP | G |
| 3. COML TRNSP
(own expense) | C |
| 4. PRIVATE VEHICLE | P |

SECOND LETTER

- | | |
|-----------|---|
| 5. AUTO | A |
| 6. BUS | B |
| 7. PLANE | P |
| 8. RAIL | R |
| 9. VESSEL | V |