

TDY PROCESSING SHEET

To accomplish orders using ABSS, please type or print the following information.

NAME and RANK	SSN	PH/OFF SYMBOL	CLEARANCE
<i>Primary Traveler</i> []	[]	[]	[]
<i>2nd Traveler</i> []	[]	[]	[]
<i>3rd Traveler</i> []	[]	[]	[]

	Primary Traveler	2nd Traveler	3rd Traveler	Resource Advisor Initials
Is your Government Travel Card activated?	YE <input type="checkbox"/> NO <input type="checkbox"/>	YE <input type="checkbox"/> NO <input type="checkbox"/>	YE <input type="checkbox"/> NO <input type="checkbox"/>	[]
Is the credit limit sufficient?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	[]

Approximate # of Days TDY (Including Travel Time)	Proceed Date	Variations Authorized (X One)	Type of TDY (X One)
[]	[]	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

ITINERARY FROM [] TO: [] TO: [] TO: [] RETURN TO: []	Type of TDY (X One) Conference Attendance <input type="checkbox"/> Special Mission <input type="checkbox"/> Speech/Presentation <input type="checkbox"/> Entitlement Travel <input type="checkbox"/> Information/Meetin <input type="checkbox"/> Site Visit <input type="checkbox"/> Training Attendance <input type="checkbox"/> Other <input type="checkbox"/>
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Purpose of TDY

Is Government transportation provided? YES NO

<i>Transportation Request (Airfare)</i>	<i>POV</i>	<i>Other Costs (Rental Car)</i>	<i>Total Travel Cost</i>
[]	[]	[]	= \$0.00

If driving a POV, contact Travel Pay Section for current milage rates.

PER DIEM RATES

<i>Meals</i>	<i>Lodging</i>	<i>Cost 1</i>	<i># of Travelers</i>	<i>Cost 2</i>	<i>Days</i>	<i>Total Per Diem Cost</i>
[]	[]	\$0.00	[]	\$0.00	[]	= \$0.00

ESTIMATED OTHER COSTS: (Put what the item is (e.g., Excess Baggage, Registratation Fees, Rental Car, and the cost to the side.)

ITEM	COST
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
<i>Total Estimated Costs</i>	[]
	\$0.00

Coordination Required (These blocks must be initialed prior to dropping IMT off with ABSS Operator.)

Admin	Branch Chief	Cost Center Manager	Division Approval	DPPT (Training Class Only)	ABSS Operator
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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).

****The Resource Advisor should fill in the following, except when someone else is funding the TDY, then you should transcribe the information from the letter, message, or fax to the below listed block. When the funding is coming from another organization please ensure you include a copy when you hand in this IMT.****

FUND CITE:

If Applicable: CIC:

BCE WO/JOCAS#:

ESP CODE:

FUND CITE:

If Applicable: CIC:

BCE WO/JOCAS#:

ESP CODE:

Applicable Item(s):

****See attached standard back. If you have any questions ask your Branch/Division Administration.**

The Privacy Act, 5 U.S.C. 552a, requires agencies to inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Account Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely. Although disclosure of your SSN is not mandatory, your failure to do so may delay the processing of such certification.

PRIVACY ACT STATEMENT