

TEMPORARY ADDITIONAL DUTY (TEMADD) TRAVEL ORDERS

1. FROM:	2. STANDARD DOCUMENT NO. N
3. TO:	4. TANGO NO.
	5. SSN/DESIGNATOR
	6. DATE

7. REF: (A)	8. <input type="checkbox"/> INDIVIDUAL TRAVEL <input type="checkbox"/> GROUP TRAVEL
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9. PROCEED ON OR ABOUT:	10. AUTHORIZED PROCEED ON OR ABOUT	11. APPROXIMATELY NUMBER OF DAYS:	12. ESTIMATED DATE OF RETURN
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13. ITINERARY (Activity/activities and Place/Places indicated below)	14. <input type="checkbox"/> TEMADD <input type="checkbox"/> TEMADDCON <input type="checkbox"/> TEMADDINS
	15. REASON FOR TRAVEL:
	16. <input type="checkbox"/> AUTHORIZED VISIT SUCH

17. FISCAL DATA ACCOUNTING CLASSIFICATION							

18. ESTIMATED COST	19. CUSTOMER				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">TRANSPORTATION</td> <td style="width:25%; text-align: center;">PER DIEM</td> <td style="width:25%; text-align: center;">MISC EXP</td> <td style="width:25%; text-align: center;">TOTAL</td> </tr> </table>	TRANSPORTATION	PER DIEM	MISC EXP	TOTAL	
TRANSPORTATION	PER DIEM	MISC EXP	TOTAL		

20. ITEM: (Use Applicable item numbers as shown on reverse side of form)

"Report to a Disbursing Officer within 10 days after completion of travel to settle your travel"

21. ADDITIONAL COMMENTS AND INSTRUCTIONS:	22. SECURITY CLEARANCE: IT IS CERTIFIED THAT YOU HOLD A BASED COMPLETED BY (PLUS) YEARS SERVICE)
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23. AUTHENTICATING SIGNATURE

24. TRANSPORTATION REQUEST/MAC TRANSPORTATION AUTHORIZATION FURNISHED:

25. COPY TO: (Include Operating Budget/fund manager in all cases)