

PASSENGER RESERVATION REQUEST – AFTER WORKING HOURS

COMMAND				TYPE OF TRAVEL				DATE	
POINT OF CONTACT (POC)						PHONE NUMBER FOR POC			
PSD/CSD CDO/TA						PHONE NUMBER FOR CDO/TA			
NAME OF MEMBER/SPONSOR (Last, First, MI)				RANK/RATE		SSN			
NAME OF DEPENDENTS (IF APPLICABLE)									
Last		First		MI	Date of Birth (Children Only)			Passport Number	
_____		_____		_____	_____			_____	
_____		_____		_____	_____			_____	
_____		_____		_____	_____			_____	
_____		_____		_____	_____			_____	
TRANSPORTATION REQUESTED									
DEPARTURE DATE		FROM			TO			RETURN DATE	
_____		_____			_____			_____	
LEAVE ADDRESS				LEAVE PHONE NO.		LEAVE START DATE		LEAVE END DATE	
_____				_____		_____		_____	
MEMBER REQUESTS CONNECTING FLIGHT AT OWN EXPENSE: <input type="checkbox"/> YES <input type="checkbox"/> NO						CREDIT CARD NUMBER			
DEPARTURE DATE		FROM			TO			RETURN DATE	
_____		_____			_____			_____	
ADDITIONAL INSTRUCTIONS/REMARKS									
***** DO NOT WRITE BELOW THIS AREA: FOR PSD/CSD CDO/TA USE ONLY*****									
AIRLINE	FLT NO.	DATE	FROM	AIRPORT CODE	ETD	TO	AIRPORT CODE	ETA	DATE
MIP	AMC NON USE	TYPE TRAVEL	BRANCH	REQUESTED:					
SATOTRavel NAVY HELP DESK SAN ANTONIO, TEXAS FROM GUAM 1-800-359-9999 FROM JAPAN 0044-22-11-2270 FROM KOREA 210-824-8455 (CALL COLLECT) FROM SINGAPORE 800-1100-860				DATE: _____ FROM: _____ TO: _____					
				DATE: _____ FROM: _____ TO: _____					
				DATE: _____ FROM: _____ TO: _____					
				DATE: _____ FROM: _____ TO: _____					
THE CDO MUST FORWARD THIS FORM TO THE CTO FIRST THING IN THE MORNING ON THE FIRST WORKING DAY AFTER THE FLIGHT HAS BEEN BOOKED.									