PCS ACCOMPANIED
11ND-PSASD-4600/5 (6-80)

NAME OF PERSON REQUESTING	ACTIVITY	DATE

1. NAME/GRADE	2. SOCIAL SECURITY NO.
3. NUMBER OF DEPENDENTS	**4. DATE DETACHED**

5. AVAILABLE DATE	CONCURRENT TRAVEL *(If no, depns tv/date)* ☐ YES ☐ NO
6. ORIGINATING STATION	**7. ULTIMATE DUTY STATION**
8. INT. OVERSEAS STATION	**9. EAOS OF MEMBER**

10. LEAVE ADDRESS	PHONE

11. NUMBER OF YEARS OBLIGATED FOR DESTINATION IAW BUPERS 1300.26F

12. METHOD OF TRAVEL TO POE ***(Circle One)***

POV **GTR**

13. ADDITIONAL INFORMATION

ENCLOSURE CHECKLIST

	COPY OF ORDERS
	DD FORM 884 SIGNED BY MEMBER.
	COPY OF ENTRY APPROVAL. (IF NOT IN POSSESSION, DTG OF MESSAGE) _____.
	DATE DEP. STEP-CHILDREN OR ADOPTED CHILDREN APPROVED BY CLEVELAND _____.
	PASSPORTS: IF IN POSSESSION; LIST PASSPORT NUMBER AND ISSUE DATE FOR EACH. IF DEPENDENTS APPLIED, LIST WHERE, WHEN, POB, DOB FOR EACH.