

REQUEST AND AUTHORIZATION FOR ACTIVE DUTY TRAINING/ACTIVE DUTY TOUR						BY ORDER OF THE SECRETARY OF THE AIR FORCE				
PRIVACY ACT STATEMENT										
<p>AUTHORITY: 10 USC 8013; Executive Order 9397.</p> <p>PRINCIPAL PURPOSES: Used to request and authorize Air Force reservist tours of active duty as well as acting as a temporary duty travel order. SSN is used to make positive identification of military personnel. Becomes record copy of orders after authentication; enables reservist to procure transportation, receive reimbursement for travel expenses and be paid military pay, as applicable.</p> <p>ROUTINE USES: A copy of the order may be provided to civilian employers to substantiate active duty military requirements.</p> <p>DISCLOSURE IS VOLUNTARY: However, without this information and SSN the Air Force cannot act on your travel, per diem and pay entitlements.</p>										
1. NAME (Last, First, MI)					2. GRADE		3. SSN			
4. PRESENT STREET ADDRESS				5. CITY			6. STATE		7. ZIP CODE	
8. UNIT OF ASSIGNMENT		9. LOCATION					10. PAS CODE			
11. Mbr is ordered to for					* days plus auth tvl time.					
12. WILL REPORT TO (Unit and location)				13. REPORTING DATA (Hour) (YYYYMMDD)			14. RELEASE DATE (YYYYMMDD)			
										15. CORPORATE LIMITS <input type="checkbox"/>
18. REMARKS AUTH: AFMAN 36-8001 (File travel voucher and completed statement of tour of duty within 5 workdays after tour completion. Travel days will not exceed DODFMR authorized travel time. Per diem is based on availability of gov't quarters and mess; contact the base billeting office since gov't quarters must be used when available.										
19. TNG-CAT-IND		20. TOUR-IND			21. MEAN CODE		22. MAN-DAY ID			
ESTIMATED COST		23. TRAVEL		24. PER DIEM		25. OTHER		26. TOTAL		
27. PAY AND ALLOWANCE TRAVEL AND PER DIEM										
28. TRAVEL REQUESTING OFFICIAL (Typed name, grade, DSN)					29. SIGNATURE			30. DATE		
31. DEPARTMENT OF THE AIR FORCE (Enter designation and location of headquarters.)					TDN: FOR THE COMMANDER 35. AUTHORIZING/ORDER ISSUING OFFICIAL (Title and Signature)					
32. RESERVE ORDER NO.		33. DATE		34. DISTRIBUTION						
36. STATEMENT OF TOUR OF DUTY										
	LOCATION	HOUR (mil)	DAY	MONTH		LOCATION	HOUR (mil)	DAY	MONTH	MODE OF TRAVEL
a.					b.					
DEPART					ARRIVE					
c.					d.					
DEPART					ARRIVE					
37. I certify that I have complied with the above order. The statements on this form are true and complete. If a Federal Civil Service Employee, I certify that I have applied for appropriate leave. My Spouse (Circle One) was/was not in Active Duty status during this tour. I (Circle One) did/did not occupy gov't quarters.						CERTIFICATION				
						40. Member reported for duty at _____ hours on _____ and was released from duty at _____ hours on _____				
						41. CERTIFYING OFFICIAL'S PRINTED NAME				42. DSN
38. MEMBER'S SIGNATURE			39. DATE			43. CERTIFYING OFFICIAL'S SIGNATURE			44. DATE	
47. TIMEKEEPER STATEMENT I certify receiving a copy of this order for civilian pay related review and processing.						45. TIMEKEEPER SIGNATURE				