

DEPARTMENT OF HOMELAND SECURITY U.S. Coast Guard MILITARY/CIVILIAN TEMPORARY DUTY (TDY) TRAVEL ORDER																											
1. Name of Traveler (Last Name, First Name, MI)					2. Employee ID				3. Grade/Rank			4. Current Duty Station				5. Work Phone Number											
6. Departure Date (MM/DD/YYYY)			7. Expected Date of Return to PDS (MM/DD/YYYY)			8. Estimated Days		9. Order Issuing Authority				10. Authorized Dates of LV:				days of Leave to											
11. BLANKET ORDERS (Doc type 13 TONO) <input type="checkbox"/> Unlimited Open <input type="checkbox"/> Limited Open <input type="checkbox"/> Repeat Travel Period of travel from _____ to _____ (See Block 13A for Geographical location)																											
12. FOR MEDICAL TRAVEL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Attendant <input type="checkbox"/> Escort																											
13A. REPORT TO: UNIT/CITY/COUNTY/ STATE/ZIP-CODE/COUNTRY								B. Purpose of TDY (Conference: must have an approved conference attendance worksheet.)								C. Dates of TDY (mm/dd-mm/dd)											
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																-											
																-											
14. Remain Over Night (RON) awaiting transportation may be authorized for _____ night(s) at (locality) _____																											
15. PER DIEM Military: JFTR, par. U4100/Civilian: FTR, par. 301-11 Max Locality Per Diem Rate: Lodging \$ _____ M&IE \$ _____ (Lodging Receipts required for reimbursement) QUARTERS <input type="checkbox"/> GOV'T/GOV'T CONTRACTED <input type="checkbox"/> No Cost <input type="checkbox"/> Cost <input type="checkbox"/> COMMERCIAL Lodging (Gov't Quarters NOT Available) MESSING <input type="checkbox"/> GOV'T Rate <input type="checkbox"/> MESS for ALL three meals <input type="checkbox"/> No Cost <input type="checkbox"/> Cost <input type="checkbox"/> Proportional Meal Rate <input type="checkbox"/> Reduced/No M&IE of \$ _____ (For Military: IAW COMDT (CG-1222) memo 4650 of _____) <input type="checkbox"/> COMMERCIAL RATE (Full Locality Per Diem) EXEMPTION <input type="checkbox"/> Actual Expenses Authorized (JFTR, par. U4200 & FTR, par. 301-11.300) _____ % per day allowed at _____ for period _____												16. MODE OF TRAVEL (Mode of travel to TDY site and Return) (It is mandatory to arrange Official Travel through the TMC/CTO). <input type="checkbox"/> Commercial Carrier (GTCC IBA Use) <input type="checkbox"/> GOV'T Procured Transportation Ticket (GTCC CBA Use) <input type="checkbox"/> GOV'T Owned Conveyance <input type="checkbox"/> Auto <input type="checkbox"/> Vessel <input type="checkbox"/> Plane <input type="checkbox"/> Privately Owned Conveyance (POC): <input type="checkbox"/> Car <input type="checkbox"/> Airplane <input type="checkbox"/> Motorcycle <input type="checkbox"/> POC is more advantageous to the Gov't <input type="checkbox"/> POC is authorized not to exceed the cost of a GTR \$ _____								17. TRAVEL AT TDY SITE <input type="checkbox"/> Rental Car (compact) <input type="checkbox"/> Upgrade Authorized-size _____: (TMC/CTO use is mandatory) <input type="checkbox"/> Local travel: taxi/bus/metro/other public conveyance (Max 15% Tip)				18. AUTHORIZED REIMBURSABLE EXPENSES <input type="checkbox"/> Registration Fees (if meals are included in the cost-report in Block 19, DD-1351-2) <input type="checkbox"/> Baggage Fees <input type="checkbox"/> Communication Services (Official Use) <input type="checkbox"/> Phone Calls (Official Use) NTE \$ _____ daily <input type="checkbox"/> Computer Connections (Official Use)			
19. REMARKS/AUTHORIZATIONS/ADDITIONAL INSTRUCTIONS (A receipt is required for any expenses \$75.00 or greater)																											
If Training, Insert Direct Access Course ID: _____ If an entitlement authorized on this order conflicts with the JFTR, the JFTR prevails.																											
20. TRAVEL ADVANCE AUTHORIZATION: Travel advance is authorized in the amount of \$ _____												<input type="checkbox"/> GTCC holder <input type="checkbox"/> Not a GTCC holder/Charged to TONO (Attach SF-1038) <input type="checkbox"/> Not a GTCC holder/Charged to Debit Card (Attach SF-1038)															
21. Coast Guard Travel Order Number (16 digits)										Travel funds are chargeable against: (if travel spans over FY's, provide TONO/Acct. string for both FY's)																	
										0 0 0 2 0																	
										0 0 0 2 0																	
Doc Type	Fiscal Year	Site Code	C O	R D	Prog Element	Document Sequence	Suffix	Agy Code	Reg Dist	Appn Code	Lim Code	Allot Fund	Allot Lev	Program Element	Cost Center	Object Class	Estimated Cost										
22. FUNDS APPROVING OFFICIAL'S SIGNATURE (Print Name, Rank, Title) (Certified that funds have been obligated in FPD)																Date											
23. If using Other Gov't Agency Funds Contact FINCEN (OGQ) and Insert Reimbursable Agreement Number (RAN): Proceed and report to the places and in the order listed in block 13A above. Deviations should not be made to visit places or areas not listed in block 13A above, without prior written or verbal orders from proper authority. Upon completion of the TDY directed, return to this command and resume your regular duties.																											
Privacy Act Statement																											
In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard – 10 USC Section 2771. Principal Purpose(s) – Used to indicate member's intentions during travel. Routine Uses – Same. Disclosure – Disclosure of this information is voluntary, but without disclosure the member's request may not be approved.																											
24. AUTHORIZING/APPROVING OFFICIAL'S (AO) SIGNATURE (Print Name, Rank, Title, Phone #)																Date											
25. TRAVELER'S SIGNATURE																Date											
26. Use this block to amend the order when not previously authorized after travel has been completed (may be handwritten).																											
Must be signed by Approving Official Only: _____																Date _____											