

## DEPENDENT TRAVEL

|   |       |               |                         |                              |                                   |                                |                             |
|---|-------|---------------|-------------------------|------------------------------|-----------------------------------|--------------------------------|-----------------------------|
| PC DATE:  |       | NAME:         |                         |                              |                                   |                                |                             |
| No. of Dependents:  |       | Rank:         |                         |                              | SSN:                              |                                |                             |
| Wife/Husband:   |       |               | Home Phone:             |                              | Duty Phone:                       |                                |                             |
| Address:  |       |               |                         | Dest. Overseas:              |                                   |                                |                             |
| Avail Date:   |       | ETS:          | <b>Travel Decision:</b> | <input type="checkbox"/> CTT | <input type="checkbox"/> Deferred | <input type="checkbox"/> Disap | Date:                       |
| Mbr Advised:  |       |               | Suspense Date:          |                              | DF for Orders:                    |                                |                             |
| PC RQST:  | Port: |               | Seats:                  |                              | Dates:                            |                                | Prefer:                     |
| DD 1482:  |       | CCV \$:       |                         | TR:                          |                                   | Orders to Trans:               |                             |
| DEPN ONLY:  | Port: |               | Seats:                  |                              | Dates: /                          |                                | Prefer:                     |
| DD 1482:  |       | CCV \$:       |                         | TR:                          |                                   | Orders to Trans:               |                             |
| PET MSG Date:   |       | TA#           |                         | HHG To Be Packed:            | <input type="checkbox"/> Yes      | <input type="checkbox"/> No    | T.O.:                       |
| No. of Passports Applied For:                             |       | Date:         |                         | If not at Ft Sill, where:    |                                   |                                |                             |
| DD 1056 (Only) Date:                                      |       |               |                         | DD 1278 (Date):              |                                   |                                |                             |
| Passports Received or In Possession:                      |       |               |                         |                              |                                   |                                |                             |
| Passports Mailed:   |       | Per Msg. No.: |                         |                              | Or Rsqt. Of:                      |                                |                             |
| To Address:   |       |               |                         |                              |                                   |                                |                             |
| TDY Contact Phone No.:                                    |       |               | DEPN Adrs After:        |                              |                                   |                                |                             |
| DATE Picked Up/Mailed/1482/Passports/Birth Evidence/TA: / |       |               |                         |                              |                                   |                                |                             |
| REMARKS:  |       |               |                         |                              |                                   |                                |                             |
|   |       |               |                         | Pet:                         |                                   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
|   |       |               |                         | Spouse w/SM:                 |                                   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| Or NLT (Date):  |       |               |                         |                              |                                   |                                |                             |
| POV:  |       |               |                         |                              |                                   |                                |                             |
| TR:   |       |               |                         |                              |                                   |                                |                             |
| CCV \$:   |       |               |                         |                              |                                   |                                |                             |
| HHG:  |       |               |                         |                              |                                   |                                |                             |
| IAWL:   |       |               |                         |                              |                                   |                                |                             |
| Relocation:   |       |               |                         |                              |                                   |                                |                             |