

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	7. Expected Date of Return to PDS	8. Estimated Days	9. Order Issuing Authority	10. Authorized days of leave	Dates of LV: to

11. **BLANKET ORDERS** (Doc type 13 TONO) Unlimited Open Limited Open Repeat Travel
 Period of travel from _____ to _____ (See Block 13 for Geographical location)

12. **FOR MEDICAL TRAVEL:** Inpatient Outpatient Attendant 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/yy - mm/dd/yy)
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14. Remain Over Night (RON) awaiting transportation may be authorized for _____ night(s) at (locality) _____

15. **PER DIEM**
 Military: JTR, par. 0203/Civilian: FTR, par. 301-11
 Max Locality Per Diem Rate: Lodging \$ _____ M&IE: \$ _____
(Lodging Receipts required for reimbursement)

QUARTERS
 GOV'T/GOV'T CONTRACTED No Cost Cost
 COMMERCIAL Lodging (Gov't Quarters NOT Available)

MESSING
 GOV'T Rate
 Mess for ALL three meals No Cost Cost
 Proportional Meal Rate
 Reduced/No M&IE of \$ _____ (For Military: IAW COMDT (CG-1332) memo 4650 of _____)
 COMMERCIAL RATE (Full Locality Per Diem)

EXEMPTION Actual Expenses Authorized (JTR, par. 020307 & 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).
 Commercial Carrier (GTCC IBA Use)
 GOV'T Procured Transportation Tickets (GTCC CBA Use)
 GOV'T Owned Conveyance Auto Vessel Plane
 Privately Owned Vehicle (POV): Car Airplane Motorcycle
 POV is more advantageous to the Gov't JTR 020203.A.3.b.
 POV is authorized not to exceed the cost of a GTR \$ _____

17. **TRAVEL AT TDY SITE:**
 Rental Car (compact)
 Upgrade Authorized-size _____ (TMC/CTO use is mandatory)
 Local travel: taxi/bus/metro/other public conveyance

18. **AUTHORIZED REIMBURSABLE EXPENSES**
 Registration Fees: (if meals are included in the cost-report in Block 19, DD-1351-2)
 Baggage Fees

19. **REMARKS/AUTHORIZATIONS/ADDITIONAL INSTRUCTIONS** (Itemized receipt required for commercial transportation and expenses \$75 or greater)

If Training, Insert Direct Access Course ID: _____ If an entitlement authorized on this order conflict with the JTR, the JTR prevails.

20. **TRAVEL ADVANCE AUTHORIZATION:**
 Travel advance is authorized in the amount of \$ _____

GTCC Holder
 Not a GTCC holder/Charged to TONO (Attach SF-1038)
 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/Act. string for both FY's)									
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 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 13 above. Deviations should not be made to visit places or areas not listed in block 13 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 (AO) SIGNATURE** (Print Name, Rank, Title, Phone #) _____ Date _____

25. **TRAVELERS 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 AO Only: _____ Date: _____