

39th LOGISTICS READINESS SQUADRON

Passenger Travel Request Form

TYPE OF TRAVEL: TEMPORARY DUTY TRAVEL      CONSECUTIVE OVERSEAS LEAVE      OTHER: \_\_\_\_\_  
Authorized Locations: \_\_\_\_\_ EMERGENCY LEAVE

Please ensure to Email TMO ORG BOX once completed: [39lrs.tmo.pax@us.af.mil](mailto:39lrs.tmo.pax@us.af.mil)

Part 1. MEMBER TRAVELING ON ORDERS

LAST NAME, FIRST NAME, MI: \_\_\_\_\_ DOD ID : \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SEX: \_\_\_\_\_ RANK/PAY GRADE: \_\_\_\_\_  
GTC Card # \_\_\_\_\_ EXPIRATION: \_\_\_\_\_ CVV: \_\_\_\_\_

Part 2. ADDITIONAL RESERVATIONS

RENTAL CAR AUTHORIZED      PICKUP DATE : \_\_\_\_\_      DROP OFF DATE: \_\_\_\_\_  
RENTAL CAR REMARKS: \_\_\_\_\_  
LODGING / HOTEL AUTHORIZED      CHECK IN DATE \_\_\_\_\_      CHECK OUT DATE \_\_\_\_\_  
LODGING/ HOTEL REMARKS: \_\_\_\_\_

SATO FEE IS \$17.51

Part 3. DESIRED ROUTING

ORIGIN AIRPORT	DESTINATION AIRPORT	DATE	REMARKS

PART 3. CONTACT INFORMATION

TRAVELERS INFORMATION: \_\_\_\_\_  
*(Last Name, First Name, MI)      Rank      Duty extension*  
\_\_\_\_\_  
*Personal Mobile #      GOV email (@mil/ @health.mil)      Personal email(easily accessible)*  
**Emergency Point of Contact:** \_\_\_\_\_  
**(SOMEONE NOT TRAVELING WITH YOU) (Last Name, First Name, MI)      Rank      Duty Extension**  
\_\_\_\_\_  
**Personal Mobile #      GOV email (@mil/ @health.mil)      Personal email (easily accesible)**

AREA BELOW IS FOR SQUADRON COMMANDER SIGNATURE ONLY

\_\_\_\_\_  
RANK LAST NAME, FIRST, MI      SQUADRON COMMANDER SIGNATURE