## FT. BLISS TRANSPORTATION TRAVEL REQUEST FORM

RANK	(Last Name, First Name Middle Initial)	G	GENDER EXAMPLE: 11 DEC		DEC 1995	5 TODAY'S DATE:			
				DOB:		DOD	D #:		
Authorized Dependent Travel:		NOTE: O	CONUS T	RAVEL MUST L	IST DEP	END	ENTS BY NAME IN THE ORDERS		
	Last Name, First Name Middle Initial)	GENDER	EXA	MPLE: 11 DEC 1995	j	000	NUS (DEPS' DOD ID # OR PASSPORT #)		
SPOUSE:			DOB:		D/P:				
DEP #1:			DOB:		D/P:				
DEP #2:			DOB:		D/P:				
DEP #3:			DOB:		D/P:				
DEP #4:			DOB:		D/P:				
DEP #5:			DOB:		D/P:				
DEP #6:			DOB:		D/P:				
PROVIDE CONTACT INFORMATION DOD EMAIL:									
PERSO	ERSONAL EMAIL: PHONE #:								
DO YOU	YOU HAVE PETS? Identify: Dog/Cat & Combined Weight of Pet and Kennel with Size:								

Only 2 Pets are authorized per Family on an AMC flight and cannot exceed 150 lbs (Pet and Kennel). Pets must be accompanied by their owner & transported at owner's expense. Visit: https://www.amc.af.mil/Home/AMC-Travel-Site/AMC-Pet-Travel-Page/ for more info. COMMERCIAL PET RESERVATIONS ARE DONE BY THE TRAVELER DIRECTLY WITH THE AIRLINE. Confirm space availability with airline carrier for the flight provided by SATO prior to finalizing tickets.

Are you shipping a POV? Dallas VPC (Vehicle Processing Center) or LAX VPC (Hawaii & Alaska Only): You must make your own VPC appointment	VPC LOCATION:
Are you authorized to relocate your dependents? (other than to your new PCS location)	RELOCATION CITY:
Are you going TDY Enroute? (DD1610 required)	TDY LOCATION:

Do you want to **leave or arrive** from a location that is not authorized according to your orders?

TICKET EXCHANGE = Pay \$37.50 CREDIT or DEBIT CARD per person, plus any additional cost in the airfare. Initials:

PLEASE NOTE: When you do an exchange on your ticket, your ticket is <u>no longer a government ticket</u> and you are subject to the airline fees and regulations. If your orders were to get deferred, changed or canceled <u>you are</u> responsible for reimbursing the government the money used to do the exchange. Initials: \_\_\_\_\_

## **CUSTOMER'S SIGNATURE X**

TRAVEL MODE: FLIGHT	OR OFFICIAL USE ONLY:					TICKET INFO				
DATE/TIME:	REPORT DATE:			NUMBER OF TICKETS:						
AUTHORIZED DEPARTING LOCATION:	LOCATION:			TYPE OF TICKET: WHO'S FLYING: PETS:						
AUTHORIZED ARRIVING LOCATION:										
EXCHANGE ROUTE:										
PC DEPARTURE:			ME NLT:							
REMARKS:	•									
C.C TYPE: C.C	PE: C.C #:			C.C EXP:			SDN:			
Order TYPE/#:		APPN:		FSN:	: MDC:		SCANNED:			
PLEASE NOTE: Approved orded date of travel to the Governn							O Submit TIME/DATE			