

INFORMATION NEEDED FOR TRAVEL

Name: _____ Phone Number: _____ (Home)

Work Title: _____ (Cell)

Do you have a Government Credit Card? _____ Do you have a CAC Card? Yes _____ NO _____

Local? _____ If yes, date CAC card expires: _____

Mode of Transportation: Plane (CP ___ or TP ___) Rental Car _____ POV _____ Gov. Auto _____

(For Plane: Check "CP" if you have a gov't credit card. Check "TP" if you do NOT have a gov't credit card.)

If traveling by PLANE: Call CarlsonSATO at 800-953-7286 and reserve your flight.

Have CarlsonSATO copy vickie.k.mcarthur@usace.army.mil on itinerary.

Round-trip Price: _____ Flight Locator Number: _____

Home Address (HOR): _____

TDY Location: _____ Funding District: _____ (SPK, MVD, etc.)

Depart date: _____

Return date: _____

Purpose of trip: _____

Rental car requested: Yes _____ No _____

BELOW TO BE COMPLETED BY HQ

Work item # _____ Do not exceed \$ _____

Funds Acct. # _____

Work category # _____

Work element # _____

AELP - WOF _____

SAEL - WOF _____

4X4 SUV _____

Commissary & PX Authorized _____

CP _____

Dual Lodging _____

Excess Baggage _____

RR _____

Vicinity Miles _____

T A P E E