REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

Prescribing Authority for this form is the Joint Travel Regulations (JTR)
Read Privacy Act Statement on back before completing form.

1. DATE OF REQUEST (*YYYYMMDD*)

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*	**3. SOCIAL SECURITY NUMBER**	**4. POSITION TITLE AND GRADE/RATING**

5. LOCATION OF PERMANENT DUTY STATION (PDS)	**6. ORGANIZATIONAL ELEMENT** *(Indicate division, unit, and branch)*	**7. DUTY PHONE NUMBER** *(Include Area Code)*

8. TYPE OF AUTHORIZATION	**9. TDY PURPOSE**	**10. TRIP LENGTH**	
		a. NUMBER OF TDY DAYS *(Include travel time)*	**b. DEPARTURE DATE** (*YYYYMMDD*)

11. ITINERARY (*Specify*)

☐ **VARIATION AUTHORIZED** ☐ **a. LODGING AND M&IE** ☐ **b. OTHER RATE OF PER DIEM** (*Specify below*)

12. TRANSPORTATION MODE *(indicate transportation mode, add actual transportation costs, and add instructions to remarks)*

a. COMMERCIAL				**b. GOVERNMENT**			**c. LOCAL TRANSPORTATION**		
RAIL	**AIR**	**BUS**	**SHIP**	**AIR**	**VEHICLE**	**SHIP**	**CAR RENTAL**	**TAXI**	**OTHER**
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

PRIVATELY OWNED CONVEYANCE *(X one)*
RATE PER MILE _____
☐ **ADVANTAGEOUS TO THE GOVERNMENT**
☐ **MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO THE CONSTRUCTED COST**

☐ **AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER** *(Overseas Travel Only)*

13. OFFICIAL TRAVEL DISTANCE BY PRIVATELY OWNED CONVEYANCE *(Indicate miles)* **:** _____

14. COSTS				**15. ADVANCE AUTHORIZED**
a. PER DIEM	**b. EN ROUTE TRANSPORTATION**	**c. MISC. EXPENSES AND OTHER COSTS**	**d. ESTIMATED TOTAL COST**	

16. REMARKS *(Use this space for special requirements, leave, excess baggage, accommodations, registration fees etc.)*

17. TRAVEL-APPROVING OFFICIAL

a. NAME AND TITLE	**b. SIGNATURE**	**c. DATE APPROVED** (*YYYYMMDD*)

18. ACCOUNTING CITATION

19. AUTHORIZING OR ORDER-ISSUING OFFICIAL

a. NAME AND TITLE	**b. SIGNATURE**	**c. DATE ISSUED** (*YYYYMMDD*)

20. TRAVEL AUTHORIZATION NUMBER

Controlled by: DSSC/DTMO
CUI Category: PRVCY
Limited Dissemination Control (LDC): FEDCON
POC: dodhra.mc-alex.dtmo.list.policy-and-regulations-branch@mail.mil

Reset

PRIVACY ACT STATEMENT

(5 U.S.C. 552a)

AUTHORITY: 5 U.S.C. §§ 5701 and 5702, and approved exemption from E.O. 13478.

PRINCIPAL PURPOSES: To capture required information to allow officials to review, approve and account for authorized travel. Use of the Social Security Number is necessary for required federal income tax programs.

ROUTINE USE: To the Internal Revenue Service to provide information concerning the pay of travel allowances which are subject to federal income tax. Additional routine uses can be found in the applicable system of records notice, DHRA 08 Defense Travel System (DTS), at: **https://www.federalregister.gov/documents/2020/03/27/2020-06467/privacy-act-of-1974-system-of-records**

DISCLOSURE: Voluntary, however, failure to provide the requested information may delay or preclude timely authorization of a travel request.

DD FORM 1610 PREPARATION INSTRUCTIONS

Refer to the Defense Travel Management Office's website on "Travel Orders." If additional space is needed for any item, use the space in item 16 or add a continuation sheet.

Item	Instructions
1. Date of Request	Enter today's date in the format YYYYMMDD.
2. Name	Enter the traveler's last name, first name, and middle initial.
3. Social Security Number	Enter traveler's full Social Security Number (SSN). The last four digits of a traveler's SSN are insufficient.
4. Position Title and Grade/ Rating	This information is not required if the travel approving or directing official determines that inclusion of this information may endanger the traveler.
5. Location of Permanent Duty Station (PDS)	Enter the city and state or country of the traveler's PDS.
6. Organizational Element	Enter the division, branch, or unit to which the traveler is assigned.
7. Duty Phone Number	Enter the telephone number of the duty station, including the area code.
8. Type of Authorization	Enter the authorization type requested, such as TDY, emergency visitation travel (EVT), confirmatory, amendment, extension, blanket, or group.
9. TDY Purpose	Enter one of the applicable identifiers specified in e-CFR Title 41, Chapter 301, Appendix C: Standard Data Elements for Federal Travel.
10. Trip Length	Enter the estimated number of days required for the TDY assignment. Ensure TDY beyond 180 days at one location is authorized by the responsible Service Secretarial Process prior to official travel. Use `remarks' block for authorization.
11. Itinerary	List all authorized travel locations, including the starting location, departure location, arrival location, destination location, returning departure location, return location, and all associated daily per diem rates. If the TDY is to a military installation, specify the installation name, not a nearby city. Only mark an "X" in the box preceding "Variation Authorized" if the traveler has a high probability of needing to change the itinerary while traveling.
11a and 11b. Per Diem Note: For FEML & R&R, leave boxes 11a and 11b blank, since per diem is not authorized.	a. When per diem is authorized using the Lodging Plus computation method, check "Lodging And Per Diem" and make no further entry. b. When a different per diem rate is specified or authorized, check "Other Type or Rate of Per Diem (Specify)" and enter the appropriate rate information. For example, if there is an AEA or reduced per diem rate, check box 11b and enter "reduced rate" and the amount of the lower per diem rate.
12. Transportation Mode	Insert the en route transportation modes that the AO authorizes.
13. Official Travel Distance Between Authorized Points	Indicate official distance between authorized travel locations and allowable travel days if eligible for official duty. Leave or personal convenience are ineligible reasons for additional travel time and distance.
14. Estimated Cost	Enter the estimated cost of per diem, transportation, travel, and other expenses. Enter the estimated cost of transportation at the TDY location under miscellaneous expenses. The total automatically updates in item 14d.
15. Advance Authorized	The requester should leave this blank. If a travel advance is authorized from a Government finance office in accordance with Service finance policy, then the AO should enter the authorized amount in item 15. Do not enter an ATM advance against the Government Travel Charge Card (GTCC) in item 15; indicate that amount in item 16.
16. Remarks (Mandatory Statements)	Include the following mandatory statements: · "If the order conflicts with the JTR, the JTR prevails (CBCA 2143-RELO, January 11, 2011)." · State whether the traveler is a GTCC holder or is exempt (See DoD Government Travel Charge Card Regulations for authorized exemptions). · State which of the following purchase methods is authorized for transportation tickets: - GTCC individually billed account. - Centrally billed account. - Otherwise personally purchased.
17. Travel-Approving Official	Enter the full name and title of the official who approves the travel request in 17a. The official signs in 17b.
18. Accounting Citation	Enter fiscal data in accordance with the regulations of the DoD Component concerned. Ensure that funds are obligated against the order.
19. Authorizing or Order-Issuing Official	Enter the full name and title of the authorizing or order-issuing official in 19a. The official signs in 19b.
20. Travel Authorization Number	Enter the identifying number assigned by the issuing office.