

PASSENGER RESERVATION REQUEST – AFTER WORKING HOURS

COMMAND	TYPE OF TRAVEL	DATE
POINT OF CONTACT (POC)		PHONE NUMBER FOR POC
PSD/CSD CDO/TA		PHONE NUMBER FOR CDO/TA
NAME OF MEMBER/SPONSOR (Last, First, MI)	RANK/RATE	SSN
NAME OF DEPENDENTS (IF APPLICABLE)		
Last	First	MI
		Date of Birth (Children Only)
Passport Number		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRANSPORTATION REQUESTED

DEPARTURE DATE	FROM	TO	RETURN DATE
LEAVE ADDRESS		LEAVE PHONE NO.	LEAVE START DATE
			LEAVE END DATE
MEMBER REQUESTS CONNECTING FLIGHT AT OWN EXPENSE: <input type="checkbox"/> YES <input type="checkbox"/> NO			CREDIT CARD NUMBER

DEPARTURE DATE	FROM	TO	RETURN DATE
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INSTRUCTIONS/REMARKS

***** DO NOT WRITE BELOW THIS AREA: FOR PSD/CSD CDO/TA USE ONLY*****

AIRLINE	FLT NO.	DATE	FROM	AIRPORT CODE	ETD	TO	AIRPORT CODE	ETA	DATE

MIP	AMC NON USE	TYPE TRAVEL	BRANCH	REQUESTED:
SATOTRavel NAVY HELP DESK SAN ANTONIO, TEXAS				DATE: _____ FROM: _____ TO: _____
FROM GUAM 1-800-359-9999 FROM JAPAN 0044-22-11-2270 FROM KOREA 210-824-8455 (CALL COLLECT) FROM SINGAPORE 800-1100-860				DATE: _____ FROM: _____ TO: _____
				DATE: _____ FROM: _____ TO: _____
				DATE: _____ FROM: _____ TO: _____

THE CDO MUST FORWARD THIS FORM TO THE CTO FIRST THING IN THE MORNING ON THE FIRST WORKING DAY AFTER THE FLIGHT HAS BEEN BOOKED.