MILITARY AIR PASSENGER/CARGO REQUEST

NOTE: Keep this data on file for two years after submission date.

1. SELECT APPLICABLE TRAVEL STATEMENT:

	PRIORITY 1	**Direct support of operational forces** engaged in combat <u>or</u> contingency peace-keeping operations directed NCA, <u>or</u> for emergency lifesaving purposes.
	PRIORITY 2	**"Required use"** travel <u>or</u> compelling operational considerations making commercial transportation unacceptable (within 24 hours). Mission cannot be satisfied by any other mode of travel. Requester should provide a 2-hour window for departure and arrival times to allow consolidation of missions per DoD Directive 4500.43.
	PRIORITY 3	**Official business travel** which when consolidated by JOSAC with other travelers, is more cost effective than commercial air travel or official business travel on previously scheduled missions. Requester **must** provide at least a 2-hour window for departure and arrival times to allow consolidation of missions per DoD Directive 4500.43.

2. PURPOSE OF TRAVEL

a. PUJC CODE	b. COMPLETE MISSION DESCRIPTION

3. TOTAL NUMBER OF PAX	c. PRIORITY 2 COMPELLING CONSIDERATIONS AND REASON COMMERCIAL TRAVEL UNACCEPTABLE

4. SENIOR TRAVELER

a. NAME *(Last, First, Middle Initial)*	b. GRADE/DV CODE	c, DUTY TITLE	d. BRANCH OF SERVICE

5. ADDITIONAL PASSENGERS *(Note: Required only for DV 7 or higher)*

a. NAME *(Last, First, Middle Initial)*	b. GRADE/DV CODE	c, DUTY TITLE	d. BRANCH OF SERVICE

6. DESIRED FLIGHT ITINERARY

	a. DEPARTURE ICAO	b. DEPART DATE/TIME (Z)/MO/YR (+/- 2 hrs) *(Example: 25/1200 DEC 98 (1400))*	c. ARRIVAL ICAO	d. ARRIVE DATE/TIME (Z)/MO/YR (+/- 2 hrs) *(Example: 25/1200 DEC 98 (1400))*
(1) LEG 1				
(2) LEG 2				
(3) LEG 3				

7. COST OF COMMERCIAL TRAVEL *(Transportation, additional per diem, lost time, etc.)*

a. LEG 1	b. LEG 2	c. LEG 3	d. TIMES NO. OF PASSENGERS	e. EQUALS TOTAL COST

8. CARGO TRANSPORTATION *(Cargo acceptors and handlers are required at destination airfield.)*

a. CARGO DESCRIPTION

b. LARGEST ITEM DIMENSIONS	c. HEAVIEST ITEM DIMENSIONS/WEIGHT	c. TOTAL WEIGHT	d. TOTAL CUBIC FEET

e. SPECIAL HANDLING REQUIREMENTS *(Explain)*

9. POINT OF CONTACT *(Must be able to contact traveler(s) before departure and after arrival in case of delay(s) or cancellation(s))*				
	a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. DUTY PHONE *(DSN/Commercial)*	d. AFTER HOURS *(DSN/Commercial)*
(1) DEPARTURE				
(2) ARRIVAL				

10. NON-DV PASSENGERS			
a. NAME *(Last, First, Middle Initial)*	b. GRADE	c, DUTY TITLE	d. BRANCH OF SERVICE

11. REMARKS/ADDITIONAL COMMENTS

12. REQUESTER			
a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. DUTY TITLE	d. OFFICE SYMBOL
e. DUTY TELEPHONE *(DSN/Commercial)*	f. SIGNATURE		g. DATE
h. PLAIN LANGUAGE ADDRESS *(PLAD)*			

13. TRAVEL AUTHORIZING OFFICIAL *(As appointed by Service)*			
a. NAME *(Last, First, Middle Initial)*	b. GRADE	c, DUTY TITLE	d. OFFICE SYMBOL
e. DUTY TELEPHONE *(DSN/Commercial)*	f. SIGNATURE		g. DATE

14. SENIOR TRAVELING PASSENGER *(Signature may not be delegated)*			
a. NAME *(Last, First, Middle Initial)*	b. GRADE	c, DUTY TITLE	d. OFFICE SYMBOL
e. DUTY TELEPHONE *(DSN/Commercial)*	f. SIGNATURE		g. DATE