



UNITED STATES MARINE CORPS  
MARINE CORPS COMMUNITY SERVICES  
MARINE AIR GROUND TASK FORCE TRAINING COMMAND  
MARINE CORPS AIR GROUND COMBAT CENTER  
BOX 788150  
TWENTYNINE PALMS, CALIFORNIA 92278-8150

MCCSINST. 1320.1

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OCT 27 2003

MARINE CORPS COMMUNITY SERVICES INSTRUCTION 1320.1

From: Director  
To: Distribution List  
Subj: MCCS TAD TRAVEL REQUEST  
Ref: (a) MCO P1700.27A  
Encl: (1) TAD Travel Request

1. Purpose. To publish instructions on requesting Temporary Additional Duty (TAD) requests within the Marine Corps Community Services Directorate (MCCS) for NAF-funded TAD travel.

2. Cancellation. MWR Inst 1320

3. Action.

a. The enclosure shall be the only MCCS form used to request TAD orders within the Directorate

(1) Blank forms may be obtained from the Business Operations Division in building 1533.

(2) Electronic copies of the form may be obtained from the Management Analysis and Control Department (MAC).

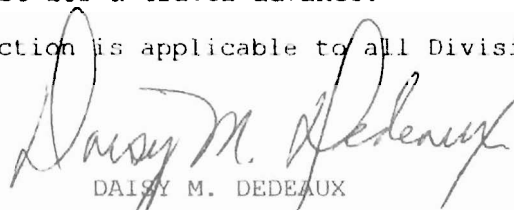
(3) Requests submitted on obsolete forms will be returned to the requestor for resubmission.

b. Personnel scheduled to go TAD shall submit a completed copy of the enclosure to the Director, via their Division Heads.

(1) The Director will cause the approved/modified request to be assigned a Travel Order Number (TON).

(2) The Division concerned will cut the TAD orders, and if necessary submit a check request for a travel advance.

4. Applicability. This Instruction is applicable to all Divisions within the MCCS Directorate.

  
DAISY M. DEDEAUX

DISTRIBUTION: A

## TAD TRAVEL REQUEST – PLEASE PRINT

NAF      APF      Amount Budgeted for this Trip? \_\_\_\_\_ Estimated Amount: \$0.00  
 Requisition No. (APF Only): \_\_\_\_\_ Date: \_\_\_\_\_  
 Acctg. Approval (APF Only): \_\_\_\_\_

**TRAVEL ORDER NO.**  
 \_\_\_\_\_  
 (Director's Use Only)

### TRAVEL INFORMATION

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cost Center: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Work Section: \_\_\_\_\_  
 Grade / Rank / Title: \_\_\_\_\_ Gov't AMEX Card?  YES  NO  
 Is this request an Endorsement to Repeat Travel Orders?  YES  NO  
 Official Long Distance Telephone Calls Required?  YES  NO Estimated \$ Amount: \_\_\_\_\_  
 Any leave before or after TAD?  YES  NO If Yes, Include Dates: \_\_\_\_\_

### TAD INFORMATION - Please Attach any Brochures, Flyers, or Other Info Available)

Location: \_\_\_\_\_  
 Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_  
 Depart/Return From:  MCAGCC  Home  Other  
 Reason for Trip:  Conference  Workshop  Training  Trade Show  Site Visit  ITT Trip  Meeting  
 Training/Course Title: \_\_\_\_\_  
 Conference/Show Title: \_\_\_\_\_  
 Other (Explain): \_\_\_\_\_  
 Is a 1556 Form Required?  YES  NO Per Diem Estimated Amount: \_\_\_\_\_ (Meals & Incidentals)

### MODE OF TRAVEL - Check all that Apply

Privately Owned Vehicle (POV) - Estimated \$ Amount: \_\_\_\_\_  Commercial Air Amount: \_\_\_\_\_  
 Passenger in POV Driven by: \_\_\_\_\_ Depart From: \_\_\_\_\_  
 Government Vehicle (Assigned Driver) Fly Into: \_\_\_\_\_  
 Passenger in Gov't Vehicle Driven by: \_\_\_\_\_ Departure Date/Time: \_\_\_\_\_  
 Taxi Estimated Return Date/Time: \_\_\_\_\_  
 Shuttle / Bus Estimated \_\_\_\_\_ Rental Car Required Amount: \_\_\_\_\_  
 Parking Fees Estimated \_\_\_\_\_ Pick up Point/Time: \_\_\_\_\_  
 Is anyone transporting you to the Airport?  YES  NO Drop Point/Time: \_\_\_\_\_

### ACCOMMODATIONS

Not Required  Gov't Quarters - Total Amount: \_\_\_\_\_  Gov't Quarters Not Available  
 Hotel - Total Amount: \_\_\_\_\_ Tax Included in Amount  YES  NO N/A No: \_\_\_\_\_  
 Hotel / Gov't Quarters  YES  NO Phone No: \_\_\_\_\_  
 Name: \_\_\_\_\_ FAX No: \_\_\_\_\_  
 Location: \_\_\_\_\_ Confirmation No. \_\_\_\_\_  
 Arrival Date / Time: \_\_\_\_\_ Depart Date/Time: \_\_\_\_\_  
 Occupancy:  Single  Double  Sharing with: \_\_\_\_\_  Smoker  
 Does Hotel Accept Gov't Tax Exempt Form?  YES  NO  Non-Smoker  
 Registration/Tuition Fee Required?  YES  NO If Yes, Dollar Amount: \_\_\_\_\_ Date Required: \_\_\_\_\_  
 Advance Requested?  YES  NO Registration Payable to: \_\_\_\_\_  
 Are any Fees included in Registration (Meals, Lodging)?  YES - Explain: \_\_\_\_\_  
 Any other Applicable Information? \_\_\_\_\_

### APPROVALS

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Branch/Section Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Directorate Approval: \_\_\_\_\_ Date: \_\_\_\_\_