

CHANGE OF HOMEPORT (COH) ADVANCE TRAVEL REQUEST FORM

(PAID NO SOONER THAN 10 DAYS PRIOR TO TRAVEL)

NAME:
RATE/RANK:
BEGIN TRAVEL DATE :

SECTION 1 - DEPENDENT INFORMATION

N/A, I will not be traveling with dependents

Dependent (Last, First, MI)	Relationship	Date of Birth/Marriage (DDMONYY)

SECTION 2 - MODE OF TRAVEL

- 1 POV** License Plate number & State: _____
- 2 POVs** License Plate number & State: #1 _____, #2: _____
- COMMERCIAL AIR** **GOVERNMENT AIR**

SECTION 3 - ADVANCE DLA

DESIRED **NOT DESIRED**

SINGLE DLA (Sign page 13 for E7 and above)

I am traveling from:

DEPENDENTS DLA

It is my intention to relocate my dependent from:

SECTION 4 - ADVANCE PER DIEM

DESIRED **NOT DESIRED**

Location	Time Period	Meals (CMR,,PMR, GMR, AEA)	Lodging (CML,GQ,FD)	Lodging Daily Rate

SECTION 5 - EFT INFORMATION

Bank Name: _____ Account Number: _____

Routing Number (9 Digits): _____ Type: Checking Saving

SECTION 6

Submit form, along with copy of orders and other required documents as indicated, to the Personnel Office.

Member's Signature: _____

The data contained herein is protected by the Privacy Act of 1974. All measures required to protect this form should be taken. THE PENALTY FOR WILLFULLY MAKING A FALSE STATEMENT IS A MAXIMUM FINE OF \$10.000 OR IMPRISONMENT FOR 5 YEARS OR BOTH (US CODE TITLE 18, SECTION 287).