

REQUEST AND AUTHORIZATION FOR ORDERS

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| TO: | FROM: | Date of Request: |
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| Grade, Name & SSN: | Unit and Address: |
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|--------------------------|-------------------|
| <input type="checkbox"/> | SAD/TRAVEL ORDERS |
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|--|---|--------------------------------------|--|---------------------------------|------------------------------|
| APPROX Number of Days (Include travel time) | <input style="width: 30px; height: 20px;" type="text"/> | Purpose: | <input type="checkbox"/> CSMR Training | <input type="checkbox"/> SCHOOL | <input type="checkbox"/> ITO |
| | | <input type="checkbox"/> CA ARNG SPT | <input type="checkbox"/> TRAVEL | <input type="checkbox"/> _____ | |

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|------------|---|------|-----|-------|------|
| ITINERARY: | <input type="checkbox"/> Variation Authorized | Hour | Day | Month | Year |
| From: | | | | | |
| To: | | | | | |
| Retn: | | | | | |

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| MODE OF TRANSPORTATION: | REMARKS: |
| COMMERCIAL <input type="checkbox"/> Air <input type="checkbox"/> Vehicle <input type="checkbox"/> POV | GOVERNMENT <input type="checkbox"/> Air <input type="checkbox"/> Vehicle |

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|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | PERSONNEL ACTION REQUEST |
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|--|--|
| <input type="checkbox"/> Reassignment <input type="checkbox"/> Detail <input type="checkbox"/> Discharge <input type="checkbox"/> Other _____ | ACTION REQUESTED: FROM: _____ TO: _____ |
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| REMARKS: |
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| REQUESTED BY: | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |
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| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |
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