**REQUEST FOR OFFICIAL TRAVEL**

**NAME:** FISHER, RUSSELL G  
**GRADE AND SOCIAL SECURITY NO.:** GS13  
**OFFICIAL STATION:** DOD WASHINGTON, D.C.  
**ORGANIZATIONAL ELEMENT:** T  
**TYPE OF ORDERS:** TDY  
**SECURITY CLEARANCE:** N/A  

**APPROX. NO. OF DAYS OF TDY:** 4  
**PROCEED O/A:** 830404  

**FROM:** BALT MD. OR WASH DC.  
**RETURN TO:** BALT MD. OR WASH DC.  
**TO:** LEXINGTON, VA  

**MODE OF TRANSPORTATION**

<table>
<thead>
<tr>
<th>COMMERCIAL</th>
<th>GOVERNMENT</th>
<th>PRIVATELY OWNED CONVEYANCE</th>
<th>RATE PER MILE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAIL</td>
<td>AIR</td>
<td>BUS</td>
<td></td>
</tr>
<tr>
<td>AIR</td>
<td>VEHICLE</td>
<td>SHIP</td>
<td></td>
</tr>
</tbody>
</table>

- **AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER** (Overseas Travel only)  
- **MORE ADVANTAGEOUS TO GOVERNMENT**  
- **MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.**  

- **PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.**  
- **TRIP REPORT REQUIRED IN ACCORDANCE WITH PMM 710-3**  

**ESTIMATED COST**

<table>
<thead>
<tr>
<th>PER DIEM</th>
<th>TRAVEL</th>
<th>BAGGAGE</th>
<th>OTHER</th>
<th>CAR</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$10.00</td>
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<td>$140.00</td>
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<td>$350.00</td>
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<td>$300.00</td>
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</tbody>
</table>

**REMARKS:**  

**6E GROUND**

**ACCOUNTING CITATION:**  
(EMERGENCY/NSOC 688-7425)  
SUBJ TO CONGRESS APPROVING FUNDS

**ORDER AUTHORIZING OFFICIAL:**

**DATE ISSUED:**

**TRAVEL ORDER NUMBER:**

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**Approved for Release by NSA on 06-19-2015 pursuant to E.O. 13526**
STANDARD REMARKS

1. TRANSPORTATION
   a. Hire of special conveyance for onward/local travel is authorized to conduct official business.
   b. GSA contract vehicle is most economical transportation available (for official use only).
   c. Use of POV at TDY point is authorized.
   d. Category Z is directed.
   e. Priority II for military aircraft is authorized.
   f. Metroliner and/or Metrocoach is authorized.
   g. Authorized to pick-up/discharge passengers (See 6b).
   h. Individual will be passenger in POV (See 6b).
   i. Intra-state and/or in-country travel is authorized.
   j. Air Fare is limited to the most economical accommodations to satisfy mission requirements.

2. BAGGAGE
   a. Weapons will not be transported.
   b. Authorized to carry Government equipment.

3. QUARTERS AND/OR MESSING
   a. Government Quarters, where available, will be utilized during this TDY.
   b. Certificate of non-availability of Government Quarters is required.
   c. Certificate of non-availability of Government Messing is required.
   d. Room and Board are included in the fee, which will be paid by DoD when billed. *(Reduced Per Diem authorized).*
   e. Use of Government Quarters will adversely affect the mission.
   f. Use of Government Messing will adversely affect the mission.

4. TRAINING/CONFERENCES
   a. Evaluation of External Training *(E524)* is required.

5. MISCELLANEOUS
   a. Receipts are required for all items in excess of $15.00.
   b. Recommend Commissary, Exchange and Theater privileges be authorized, consistent with applicable overseas area directives.
   c. Wearing of civilian clothes while in travel status is authorized.
   d. Travel meets the criteria of Secretary of Defense memorandum of 18 January 1982, Travel by Government Officials, including Foreign Travel.

6. REMARKS REQUIRING ADDITIONAL INFORMATION - AS SHOWN IN PARENS
   a. Foreign Flag directed between points shown. *(cities and/or countries).*
   b. Rendezvous point is as shown. *(address)*
   c. Excess baggage authorized on departure/return for pieces or pounds, as shown. *(number/weight)*
   d. Registration/Conference fee authorized. Receipts required. *(amount)*
   e. Courier appointment approved. *(commercial/military aircraft or POV)*
   f. Annual leave authorized as shown. *(number of days)*
   g. Overtime not authorized unless shown. If approved, indicate the organization and title of approving official.
   h. Appointed Imprest Fund Cashier to Special Disbursing Agent to satisfy unforeseen operational requirements. Authorized to hold cash at own risk in the amount shown. *(amount)*
   i. Free flow remarks.
   j. Customer Identification Code (CIC) as shown.
   k. High Cost Area(s) - Requires that each meal and all expenses be itemized daily. *(Enter number(s) of high cost area(s) as listed in the Itinerary - Blk 11)*