

TEMADD / TDY ORDERS REQUEST			
From:		To:	
Via: (1) ACOS/SA (2) N332 (3) N8		(4) 01	
Subj: REQUEST FOR TEMADD / TDY ORDERS			
Ref: (a) CNASTAFFINST 5000.1		Encl: (1) TEMADD ORDERS	
1. Request that TAD orders in enclosure (1) be processed for issuing. The following details apply:			
a. Itinerary:			
b. Purpose / Nature of Duty:			
c. Approximate Departure Date:		d. Estimated number of days TAD:	
e. Mode of Transportation:		Commercial Air (GTR req.)	
Government Air		Constructive Reimbursement	
POV		Other (Explain in Remarks)	
Advantageous to Government			
f. Government Facilities Available:		YES	NO
		Non-Availability No.	
g. Authorized Rental Car:		YES	NO
		Class:	C M F
h. Estimated Cost: (1) Trans \$ _____		(2) Per Diem \$ _____	(3) Lodging \$ _____
(4) Misc. (Include car rental) \$ _____		(5) Total \$ _____	(6) Frequent Traveler YES NO
i. Remarks:			
Requesting Signature			Date:
TRANSPORTATION AVAILABLE ENDORSEMENT			
From: 332		To: N8	
1. Airlift request has been submitted.		Remarks:	
YES _____ NO _____ N/A _____			
Signature			
ACCOUNTING ENDORSEMENT			
From: N8		To: 01	
1. Forwarded, accounting data attached.			
Signature			Date
AUTHORIZATION / APPROVAL *			
From: ACOS/SA (01 for ACOS/SA orders or if orders are not on the QTP)			
To: N10			
1. The attached orders have been reviewed in accordance with ref (a) and are authorized.			
Check as applicable: _____ This trip has been approved by CNATRA. QTP Number <u>TBD</u> .			
_____ Request CNATRA approval (not Quarterly Travel Plan)			
ACOS/SA		Chief Of Staff	
		*If orders are not on QTP or if orders for ACOS/SA	
RETURNED			
From: N10		To: ACOS/SA	
1. Returned with proper authentication for execution.			
2. Please ensure travel claims are submitted via N10 within 5 working days after return.			
Signature			Date