Request for Official OCONUS Temporary Duty Travel			Date	
	37-2; the proponent agency is TRADOC Deputy Chief of Staff, G-8.			
(ALL BLO	CKS MUST BE COMPLETED)	_		
TO: DEPUTY CHIEF OF STAFF, G-1/4 (ATBO-BP) 661 SHEPPARD PLACE FORT EUSTIS, VA 23604-5744	THRU: (Installation/Activity OCONUS Program Manager)	FROM: (Requester's se	ection and DSN Number	
1. Traveler(s): (Indicate name, rank/grade, title, organ clearance, citizenship, date and place of birth, date a	ization/installation/activity to which assigned, of	fice symbol of traveler	r, security	
		,		
2. Purpose of Visit:				
Facility/Unit name and address of Conference/Meeti	ing/Training Camp for each country being visite	ed:		
3. Travel directed by:		Point of Contact	and DSN number:	
4. Date and nature of INVITATION on which visit is b	pased, if applicable:			
Travel/country clearance has been gra	anted per:			
Travel/country clearance has not been granted.				
If travel/country clearance requested by another ACOM, identify message requesting clearance:				
5. Proposed itinerary: (Include day-by-day itinerary	with estimated dates of arrival and departure, l	JNITS TO BE VISITED	.)	
6. Alternate visit dates if visit cannot be accommod	ated at preferred time:			

7. Will trip involve:			
YES NO a. Meeting with foreign personnel? If so, identify as outlined by	pelow.		
b. US Embassy personnel? If so, identify as outlined below.			
If Yes to either of the above, indicate name, grade and position of key personnel to be visited.			
9. Will tain involve.			
8. Will trip involve: YES NO Disclosure of classified information and, if disclosure to foreign nationals is proposed, indicate the security classification of material and authority for disclosure.			
9. Local support desired (Check appropriate blocks):			
Hotel accommodations Transportation	☐ Briefings ☐ Other		
Classified courier requirements Security guards for	or aircraft Onward Bookings		
Requested by other means			
10. If request is submitted less than 60 days prior to departure date, state the reason for late submissions and furnish complete justification why trip cannot be conducted at a later date. (If additional space is needed, continue in remarks column)			
11. List in each category below the point of contact. (Indicate name, grade, organization, office symbol, e-mail address, commercial and DSN number.)			
TRADOC Installation/Activity:			
Overseas point of contact information for each country:			
Staff Action Office for this visit:			
Any other:			
12. Classified material (AR 380-5)			
YES NO a. Will traveler be handcarrying classified material while in travel status?			
b. Approval to handcarry classified material must be obtained from the Local Security Official.			
13. Remarks: (use this item for continuation of items requiring additional space. Separate sheet of plain bond paper may be used and attached to this form if necessary. Continuation must be crossed-referenced by item number.)			
14. Typed name, grade and title of authenticating authority:	15. Signature:		
	BUTTON1		