

**AUTHORIZATION FOR ADVANCE TRAVEL / DISLOCATION ALLOWANCE INCIDENT TO PCS**

***This form used to apply for advances of travel allowances for Member and Family Members.***

**MARINE'S INFORMATION**

Name (Last, First, MI)	Rank	SSN	EAS/ECC
Duty Location (Unit/Country)	Unclassified E-Mail Address	Work Phone	UNCLASS FAX

**MEMBER'S ADVANCE TRAVEL**

\_\_\_\_\_ I request ADVANCE TRAVEL via modes shown in the itinerary to my new duty station.  
 \_\_\_\_\_ I request ADVANCE PER DIEM while at TAD site.

**MEMBER'S TRAVEL ITINERARY**

From (City & State)	To (City & State)	Mode of Travel (CA;GP;PA;Etc)	Approximate # of Days

**FAMILY MEMBERS' IDENTIFICATION AND TRAVEL ITINERARY**

\_\_\_\_\_ I request ADVANCE TRAVEL for my family members listed and based on itinerary shown.

Name	Relationship	DOB	SSN

**FAMILY MEMBERS' ITINERARY**

From (City & State)	To (City & State)	Mode of Travel (CA;GP;PA;Etc)	Approximate # of Days

**DISLOCATION ALLOWANCE**

\_\_\_\_\_ I request ADVANCE DISLOCATION ALLOWANCE for movement of my household goods.

**MEMBER'S CERTIFICATION**

I certify that the information shown on this form represents mine and my family member's travel intentions, and there is no misrepresentation of circumstances or facts, to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_