

INVITATIONAL TRAVEL ORDER (ITO) FOR INTERNATIONAL MILITARY STUDENT (IMS)		CC/WCN:	
		1. ITO NUMBER	2. COUNTRY
		3. DATE (YYMMDD)	

The U.S. Government hereby issues this ITO for the IMS herein named to attend the course(s) of instruction herein listed, subject to the terms and conditions contained herein, and as may be amended by competent authority. This ITO is the only document that will be used and is valid only for IMS entering U.S. training under the Foreign Assistance Act of 1961, as amended, or the Arms Export Control Act.

Definitions of acronyms and abbreviations contained in this form, and instructions for completing this form are provided in the Joint Security Assistance Training Regulation, JSATR (SECNAVINST 4950.4/AR 12-15/AFJI-105).

4. ISSUING SECURITY ASSISTANCE ORGANIZATION (SAO)

a. NAME OF ORGANIZATION	b. MAILING ADDRESS
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5. FUNDING *(X one and complete statement)*

<input type="checkbox"/> a. IMET FISCAL YEAR	<input type="checkbox"/> b. FMS CASE IDENTIFIER	<input type="checkbox"/> c. OTHER (INL, etc.) (Specify)
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6. IMS INFORMATION

a. NAME <i>(Surname (ALL CAPS), First, Middle)</i>			b. SEX <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
c. COUNTRY SERVICE RANK	d. U.S. EQUIVALENT RANK/PAY GRADE	e. COUNTRY SERVICE	f. COUNTRY SERVICE NO.
g. DATE OF BIRTH (YYMMDD)	h. PLACE OF BIRTH <i>(City, province/district, country)</i>		

7. INVITATION

THE SECRETARY OF *(List U.S. MILDEP)* _____ **INVITES THE IMS LISTED IN ITEM 6, THIS ORDER, TO PROCEED ON OR ABOUT**
(List date - YYMMDD) _____ **FROM** *(List debarkation point - home country)* _____
TO *(List training installation)* _____ **FOR PURPOSE OF COMMENCING TRAINING LISTED IN ITEM 8 BELOW.**

8. AUTHORIZED TRAINING *(List in sequence of attendance) NO ADDITIONAL TRAINING TO THAT SPECIFIED IN THIS ORDER WILL BE PROVIDED.*

a.	(1) RCN	(2) WCN	(3) MASL IIN	(4) MASL DESCRIPTION	(5) MILITARY SERVICE COURSE ID NUMBER	
	(6) TRAINING INSTALLATION			(7) LOCATION	(8) REPORT DATE <i>(YYMMDD)</i>	(9) END DATE <i>(YYMMDD)</i>
b.	(1) RCN	(2) WCN	(3) MASL IIN	(4) MASL DESCRIPTION	(5) MILITARY SERVICE COURSE ID NUMBER	
	(6) TRAINING INSTALLATION			(7) LOCATION	(8) REPORT DATE <i>(YYMMDD)</i>	(9) END DATE <i>(YYMMDD)</i>
c.	(1) RCN	(2) WCN	(3) MASL IIN	(4) MASL DESCRIPTION	(5) MILITARY SERVICE COURSE ID NUMBER	
	(6) TRAINING INSTALLATION			(7) LOCATION	(8) REPORT DATE <i>(YYMMDD)</i>	(9) END DATE <i>(YYMMDD)</i>
d.	(1) RCN	(2) WCN	(3) MASL IIN	(4) MASL DESCRIPTION	(5) MILITARY SERVICE COURSE ID NUMBER	
	(6) TRAINING INSTALLATION			(7) LOCATION	(8) REPORT DATE <i>(YYMMDD)</i>	(9) END DATE <i>(YYMMDD)</i>
e.	(1) RCN	(2) WCN	(3) MASL IIN	(4) MASL DESCRIPTION	(5) MILITARY SERVICE COURSE ID NUMBER	
	(6) TRAINING INSTALLATION			(7) LOCATION	(8) REPORT DATE <i>(YYMMDD)</i>	(9) END DATE <i>(YYMMDD)</i>
f.	(1) RCN	(2) WCN	(3) MASL IIN	(4) MASL DESCRIPTION	(5) MILITARY SERVICE COURSE ID NUMBER	
	(6) TRAINING INSTALLATION			(7) LOCATION	(8) REPORT DATE <i>(YYMMDD)</i>	(9) END DATE <i>(YYMMDD)</i>

9. FUND CITE *(Use only when IMET or other specific authority for funding living allowance and/or travel has been received.)*

The finance officer effecting disbursement of funds under this authority will forward one copy of the executed voucher to the accounting station cited in the appropriation and other activities as required by appropriate U.S. MILDEP regulations.

CC/WCN	ITO NUMBER	DATE (YYMMDD)
10. LANGUAGE PREREQUISITES (<i>X a., b., or c. and complete as applicable. Complete block d.</i>)		
a. IMS COMPLETED THE IN-COUNTRY DLI ENGLISH LANGUAGE PROFICIENCY EXAMINATION AS FOLLOWS.		
(1) EXAM NO.	(2) DATE COMPLETED (YYMMDD)	(3) ENGLISH COMPREHENSION LEVEL (ECL) SCORE (<i>IMS will take the CONUS course entry ECL test at the first training installation.</i>)
b. WAIVER OF IN-COUNTRY ECL TEST GRANTED BY AUTHORITY OF: (<i>Documentation</i>) (<i>IMS will take the CONUS course entry ECL test at the first training installation.</i>)		
c. IMS IS EXEMPT FROM ALL ECL TESTING BY AUTHORITY OF: (<i>Documentation</i>)		
X d. HIGHEST REQUIRED ECL (<i>of training listed in Item 8</i>)		
11. SECURITY (<i>X one and complete as applicable</i>)		
a. U.S. SECURITY/POLITICAL SCREENING HAS BEEN ACCOMPLISHED. ALL TRAINING WILL BE CONDUCTED ON AN UNCLASSIFIED BASIS.		
b. U.S. SECURITY REQUIREMENTS HAVE BEEN COMPLIED WITH. THE HOME GOVERNMENT HAS GRANTED THE IMS A SECURITY CLEARANCE. THIS OF ITSELF DOES NOT PERMIT THE DISCLOSURE OF CLASSIFIED U.S. INFORMATION. SUCH DISCLOSURE MUST BE SPECIFICALLY AUTHORIZED BY AN OFFICIAL DELEGATED AUTHORITY AND U.S. FOREIGN DISCLOSURE REGULATIONS OR DIRECTIVES.		
(1) HOME COUNTRY		(2) EQUIVALENT U.S. CLASSIFICATION LEVEL
12. CONDITIONS (<i>X appropriate block(s) for each condition listed.</i>)		
a. DEPENDENTS (<i>Identify authorized dependents in Item 15, including names and ages.</i>)		
(1) NO DEPENDENTS ARE AUTHORIZED TO ACCOMPANY OR JOIN IMS. DEPENDENTS WILL NOT BE ISSUED ID CARDS OR PROVIDED ATTENDANT PRIVILEGES.		
(2) DEPENDENTS ARE AUTHORIZED BY THE IMS'S HOME COUNTRY AND THE DOD SECURITY ASSISTANCE ORGANIZATION IN-COUNTRY TO ACCOMPANY IMS OR JOIN IMS WHILE IN TRAINING, BUT WILL NOT BE TRANSPORTED NOR SUBSISTED AT U.S. GOVERNMENT EXPENSE. IMET IMS IS NOT AUTHORIZED AN INCREASE IN LIVING ALLOWANCE DUE TO PRESENCE OF DEPENDENTS.		
(3) IN ACCORDANCE WITH SECURITY ASSISTANCE MANAGEMENT MANUAL (SAMM), DOD 5105-38M, CHAPTER 10, IMS IS AUTHORIZED THE INCREASED "DEPENDENTS AUTHORIZED" LIVING ALLOWANCE. DEPENDENTS WILL NOT BE TRANSPORTED NOR SUBSISTED AT U.S. GOVERNMENT EXPENSE.		
b. MEDICAL SERVICES		
(1) IMSs		
(a) NATO IMSs UNDER IMET: CHARGES FOR ONLY INPATIENT CARE IN THE U.S. ARE CHARGEABLE TO THE IMETP.		
(b) IMET IMSs: CHARGES FOR OUTPATIENT AND INPATIENT CARE, IMMUNIZATIONS, AND MEDICAL EXAMINATIONS ARE CHARGEABLE TO THE IMETP.		
(c) NATO IMSs UNDER FMS: CHARGES FOR ONLY INPATIENT CARE IN THE U.S. WILL BE COLLECTED FROM: (<i>X one</i>)		
<input type="checkbox"/> (i) FMS CASE <input type="checkbox"/> (ii) IMS <input type="checkbox"/> (iii) FOREIGN GOVERNMENT		
(d) FMS IMSs: CHARGES FOR OUTPATIENT AND INPATIENT CARE, IMMUNIZATIONS, AND MEDICAL EXAMINATIONS WILL BE COLLECTED FROM (<i>X one</i>)		
<input type="checkbox"/> (i) FMS CASE <input type="checkbox"/> (ii) IMS <input type="checkbox"/> (iii) FOREIGN GOVERNMENT		
(e) INL IMSs: CHARGES FOR OUTPATIENT AND INPATIENT CARE, IMMUNIZATIONS AND MEDICAL EXAMINATIONS WILL BE FORWARDED TO APPROPRIATE MILDEP FOR PROCESSING WITH DEPARTMENT OF STATE, INL.		
(2) DEPENDENTS		
(a) AUTHORIZED ACCOMPANYING DEPENDENTS OF NATO IMSs: CHARGES FOR ONLY INPATIENT CARE IN THE U.S. WILL BE COLLECTED FROM (<i>X one</i>)		
<input type="checkbox"/> (i) IMS <input type="checkbox"/> (ii) FOREIGN GOVERNMENT		
(b) AUTHORIZED ACCOMPANYING DEPENDENTS OF IMET AND FMS IMSs: CHARGES FOR OUTPATIENT AND INPATIENT CARE, IMMUNIZATIONS, AND MEDICAL EXAMINATIONS WILL BE COLLECTED FROM (<i>X one</i>)		
<input type="checkbox"/> (i) IMS <input type="checkbox"/> (ii) FOREIGN GOVERNMENT		
(3) SINGULAR CONDITIONS		
(a) SEE ITEM 15, "SPECIAL CONDITIONS".		
c. PARTICIPATION IN HAZARDOUS DUTY		
(1) IMS IS AUTHORIZED TO PARTICIPATE IN HAZARDOUS DUTY TRAINING.		
(2) IMS IS PARACHUTE QUALIFIED AND AUTHORIZED TO PARTICIPATE IN JUMPS FROM U.S. AIRCRAFT.		
(3) QUALIFIED IMSs ARE AUTHORIZED TO PARTICIPATE IN FLIGHTS AS CREW MEMBERS. THE GOVERNMENT OF (<i>List home country</i>) CERTIFIES THAT IMS IS PHYSICALLY, PROFESSIONALLY, AND ADMINISTRATIVELY QUALIFIED TO PARTICIPATE IN FLIGHTS IN THEIR COUNTRY'S MILITARY AIRCRAFT AS (<i>List flight crew position</i>). IMS MEETS MEDICAL CLEARANCE REQUIREMENT AS SPECIFIED BY THE APPROPRIATE U.S. MILDEP FLIGHT QUALIFICATION RECORDS ACCOMPANYING IMS.		
d. PHYSICAL FITNESS TRAINING		
(1) PARTICIPATING IN PHYSICAL FITNESS TRAINING IS REQUIRED.		

CC/WCN	ITO NUMBER	DATE (YYMMDD)
e. LEAVE		
(1) UPON COMPLETION OF TRAINING, IMS IS NOT AUTHORIZED LEAVE, AND WILL PROCEED IMMEDIATELY AS DIRECTED TO HOME COUNTRY.		
(2) UPON COMPLETION OF TRAINING, IMS IS AUTHORIZED (<i>List number</i>) _____ DAYS LEAVE AT NO COST THE U.S. GOVERNMENT OR IMETP. UPON COMPLETION OF LEAVE, IMS WILL PROCEED IMMEDIATELY TO HOME COUNTRY OR AS DIRECTED BY COMPETENT AUTHORITY.		
f. LIVING ALLOWANCES		
(1) LIVING ALLOWANCE IS RESPONSIBILITY OF THE FOREIGN GOVERNMENT.		
(2) LIVING ALLOWANCE IS AUTHORIZED DURING PERIOD COVERED BY THIS ORDER, FROM DAY OF DEPARTURE FROM, TO DAY OF RETURN ARRIVAL IN, HOME COUNTRY, EXCLUDING PERIOD COVERED BY LEAVE, IN ACCORDANCE WITH SAMM, CHAPTER 10, AND IS CHARGEABLE TO THE FUND CITE IN ITEM 9, THIS ORDER.		
(3) LIVING ALLOWANCE IS AUTHORIZED FROM DAY OF DEPARTURE FROM TO DAY OF RETURN ARRIVAL IN (<i>List country - other than home country</i>) _____ EXCLUDING PERIODS COVERED BY LEAVE, IN ACCORDANCE WITH SAMM, CHAPTER 10, AND IS CHARGEABLE TO THE FUND CITE INDICATED IN ITEM 9, THIS ORDER.		
(4) LIVING ALLOWANCE IS AUTHORIZED FROM DAY OF DEPARTURE FROM THE CONUS ENTRY PORT TO DAY OF RETURN ARRIVAL AT THE CONUS DEPARTURE POINT, EXCLUDING PERIODS COVERED BY LEAVE, IN ACCORDANCE WITH SAMM, CHAPTER 10, AND IS CHARGEABLE TO THE FUND CITE INDICATED IN ITEM 9, THIS ORDER.		
(5) LIVING ALLOWANCE IS AUTHORIZED WHILE IN TRAINING STATUS ONLY IN ACCORDANCE WITH SAMM, CHAPTER 10, AND IS CHARGEABLE TO THE FUND CITE INDICATED IN ITEM 9, THIS ORDER.		
(6) SEE ITEM 15, "SPECIAL CONDITIONS".		
g. TRAVEL		
(1) TRAVEL IS RESPONSIBILITY OF THE FOREIGN GOVERNMENT.		
(2) TRAVEL COVERED BY THIS ORDER, OVERSEAS AND CONUS, IS CHARGEABLE TO THE FUND CITE INDICATED IN ITEM 9, THIS ORDER.		
(3) TRAVEL TO AND RETURN FROM (<i>List country - other than home country</i>) _____ IS THE RESPONSIBILITY OF THE FOREIGN GOVERNMENT. TRAVEL FROM (<i>List country - other than home country</i>) _____ TO CONUS AND RETURN IS CHARGEABLE TO THE FUND CITE INDICATED IN ITEM 9, THIS ORDER.		
(4) TRAVEL TO CONUS AND RETURN IS RESPONSIBILITY OF THE FOREIGN GOVERNMENT. TRAVEL WITHIN CONUS IS CHARGEABLE TO THE FUND CITE INDICATED IN ITEM 9, THIS ORDER.		
(5) (a) IMS HAS BEEN ISSUED ONE WAY TICKET TO (<i>List U.S. destination</i>) _____ COST OF OCONUS TRAVEL CHARGEABLE TO FUND CITE IN ITEM 9, THIS ORDER, IS \$ _____ GOV TRANS REQ (GTR) # _____. LAST TRAINING INSTALLATION WILL ARRANGE RETURN TRANSPORTATION TO HOME COUNTRY.		
(b) IMS HAS BEEN ISSUED A ROUND TRIP TICKET. IF IMET FUNDED, EXCEPTION TO ONE WAY TICKET RULE GRANTED PER _____ COST OF ROUND TRIP TICKET IS \$ _____. GOV TRANS REQ (GTR) # _____		
(6) SEE ITEM 15, "SPECIAL CONDITIONS".		
h. TRAVEL BY POV		
IMS IS AUTHORIZED	IS NOT AUTHORIZED TO TRAVEL BY POV.	
i. BAGGAGE		
(1) NO BAGGAGE WILL BE TRANSPORTED AT U.S. GOVERNMENT EXPENSE.		
Baggage allowances outlined below are total allowances: excess baggage being the difference between the baggage permitted by the transportation carrier and that stipulated below. Baggage sizes and dimensions will conform to carrier stipulations. These allowances apply for that portion of travel whose costs are paid from U.S. funds (See Para. g., above) and cost of authorized excess baggage is chargeable to the Fund Cite indicated in Item 9, this order.		
(2) TRAINING LESS THAN 22 WEEKS IN TOTAL DURATION: IMS AUTHORIZED 2 PIECES, NOT TO EXCEED 70 POUNDS (32 KILOGRAMS) EACH.		
(3) TRAINING AT LEAST 22 WEEKS BUT LESS THAN 40 WEEKS IN TOTAL DURATION: IMS AUTHORIZED 3 PIECES NOT TO EXCEED 70 POUNDS (32 KILOGRAMS) EACH.		
(4) ALL TRAINING 40 WEEKS OR LONGER IN TOTAL DURATION: IMS AUTHORIZED 4 PIECES, NOT TO EXCEED 70 POUNDS (32 KILOGRAMS) EACH.		
(5) IN ADDITION TO ABOVE ALLOWANCES, IMS ATTENDING PME, GRADUATE, OR POSTGRADUATE PROGRAMS LISTED IN SAMM, TABLE 1001-2, NOTE (4), AND JSATR, TABLE 9-1, NOTE 4, WITH AUTHORIZED ACCOMPANYING DEPENDENTS (Item 12.a.(2) or (3)) OR IMS ATTENDING FLIGHT TRAINING ARE AUTHORIZED ONE ADDITIONAL PIECE OF BAGGAGE.		

